

MORNING STAR

CHRISTIAN SCHOOL

Extended Care Billing Form

School Year: 2018 - 2019

Student Name: _____

Please choose one form of billing for BEFORE care: _____ Daily _____ Annual

Before Care Pricing:

- Daily Billing: \$2 per day
- Annual Billing: \$20 / month - 10 month plan

Please choose one form of billing for AFTER care: _____ Daily _____ Annual

Daily Billing for After Care:

- \$8 per hour, billed to the quarter hour.
- Late Pick up: Charged at \$2 per minute for any pick up after 5:30.

Annual Billing Plans and Pricing:

- Please choose one of the after care plans listed below.
- Late Pick up: Charged at \$2 per minute for any pick up after 5:30.
- Students on an annual plan who are checked into after care more than their plan will be charged at the daily rate for the difference.

_____ Full Time, 5 days per week	3:30 - 5:30	\$150 / month - 10 month plan
_____ Full Time, 3 days per week	3:30 - 5:30	\$100 / month - 10 month plan
_____ Part Time, 5 days per week	3:30 - 4:30	\$ 75 / month - 10 month plan
_____ Part Time, 3 days per week	3:30 - 4:30	\$ 50 / month - 10 month plan

I have read and understand the guidelines for extended care and extended care billing plans found in the 2018 - 2019 Family Handbook. I understand that I will be billed for the plan that my child is on and that I am responsible for those payments in addition to tuition payments. I understand that changes to my plan as well as changes in usage may result in additional fees.

Parent Signature: _____ Date: _____