

**Extended Care Agreement
2020-21 School Year**

NEW CONTRACT: _____

REVISED: _____

Mark each block of time needed for Extended Care:

Name of Child: (A) _____ EC Grades

Day of Week	1-3 PM NAP/REST MAY NOT PICKUP BEFORE 3	3-4 PM EC 3:30-4 (Grades)	4-5 PM	5-5:30 PM	Please Total Hours by Day	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total hours contracted for Child A each week: _____

Name of Child: (B) _____ EC Grades

Day of Week	1-3 PM NAP/REST MAY NOT PICKUP BEFORE 3	3-4 PM	4-5 PM	5-5:30 PM	Please Total Hours by Day	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total hours contracted for Child B each week: _____

Name of Child: (C) _____ EC Grades

Day of Week	1-3 PM NAP/REST MAY NOT PICKUP BEFORE 3	3-4 PM	4-5 PM	5-5:30 PM	Please Total Hours by Day	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total hours contracted for Child C each week: _____

TOTAL HOURS FOR ALL CHILDREN (see chart on back of form for total Extended Care Cost): _____

I understand that my TADS account will be pre-billed monthly on the first day of each billing cycle listed (on back). Changes must be made prior to the billing cycle of each period. Payments are late after the 15th.

Parent Signature: _____ Date: _____

Total Extended Care Hours Billing Table

Hours Wk	Amount Wk	Hours Wk	Amount Wk	Hours Wk	Amount Wk	Hours Wk	Amount Wk	Hours/ Wk	Amount /Wk
1	10.00	16	136.00	31	258.00	46	378.00	61	498.00
2	18.00	17	145.00	32	266.00	47	386.00	62	506.00
3	27.00	18	153.00	33	274.00	48	394.00	63	514.00
4	36.00	19	162.00	34	282.00	49	402.00	64	522.00
5	45.00	20	170.00	35	290.00	50	410.00	65	530.00
6	54.00	21	178.00	36	298.00	51	418.00	66	538.00
7	63.00	22	186.00	37	306.00	52	426.00	67	546.00
8	72.00	23	194.00	38	314.00	53	434.00	68	554.00
9	81.00	24	202.00	39	322.00	54	442.00	69	562.00
10	90.00	25	210.00	40	330.00	55	450.00	70	570.00
11	94.00	26	218.00	41	338.00	56	458.00	71	578.00
12	102.00	27	226.00	42	346.00	57	466.00	72	586.00
13	111.00	28	334.00	43	354.00	58	474.00	73	594.00
14	119.00	29	242.00	44	362.00	59	482.00	74	602.00
15	128.00	30	250.00	45	370.00	60	490.00	75	610.00

Please be advised of the following Late Train and Extended Care billing policies:

1. Your TADS family account will be pre-billed for contracted Extended Care on the first day of the billing period with a due date of 14 days.
2. Changes to your contract for the period must be made prior to the first day of the billing period.
3. Families with accounts 60 days past due will be suspended from the program until the account is current.

Late Pickup for School and Extended Care will be billed in the following manner:

- a. Late Train 1 – 15 minutes: one \$10 late train fee (\$10)
- b. Late Train 16 – 45 minutes: two late train fees (\$18)
- c. Late Train 46 – 60 minutes: three late train fees (\$25)
4. Drop in Extended Care will be billed at the rate of \$12.00 per hour, including the 5-5:30 final block.
5. Late Train and Drop-In Extended Care will be billed on Mondays for the prior week and due within 14 days.
6. Disputes to billing may be directed to the Business Manager.

FOR OFFICE USE ONLY – BILLING CYCLE			
Bill Cycle	# wks to bill	Amount Billed	Hours/Days No School
8/17-8/28	2		Credit for 8/17 & 8/18 (EC)
8/31-9/25	4		Credit for 9/7
9/28-10/30	5		Credit for 10/28-30
11/2-11/27	4		Credit for 11/25-27
11/30-12/18	3		Credit for 12/18
1/4 – 1/29	4		Credit for 1/218
2/1-2/26	3		2/15 to 2/19 is not billed
3/1-3/26	4		
4/5-4/30	4		3/29 to 4/2 not billed; Credit for 4/30
5/3-5/29	4		Credit for 5/28