



West-Mont Christian Academy

Elementary Building Staff

873 South Hanover Street • Pottstown, Pennsylvania 19465

elementary@west-mont.org 610-326-7690

EXTENDED CARE SERVICE CONTRACT 2018-2019 School Year

- ❖ The Extended Care Room is open from 2:50pm to 5:30pm for students in Kindergarten-5th Grade.
- ❖ The contracted fee for Extended Care, during the school year is **\$6.50 per hour per student billed in 30 minute increments.**
- ❖ The fee for any **non-contracted** or “**as needed**” use of Extended Care is **\$13.00 per hour per student billed in 30 minute increments. This includes any days that are not noted below.**
- ❖ **If parent fails to pick up their child by 5:30pm, there will be a \$10.00 per 30 minute charge to the parents RenWeb account billed to the next ½ hour increment ON TOP of the contracted or non-contracted amount. (ie \$6.50 + 10.00 fee = \$16.50) (ie \$13.00 + \$10.00 fee = \$23.00)**
- ❖ If child is moved to extended care services but was scheduled for pick-up, the parents RenWeb account will be billed at the **non-contracted** rate of \$13.00 per hour.
- ❖ If there is a change in your schedule we need to be notified in writing at least 2 weeks in advance. If you fail to do so, the non-contracted rate will apply.
- ❖ If your family **does require** extended care services, please return this contract to the elementary secretary.
- ❖ All extended care charges are due within 30 days of end of month. Any extended care charges greater than 30 days old will be charged a monthly service fee of \$5.00 and applied to the parents RenWeb by Finance.
- ❖ There will be a \$35.00 NSF charge to the family RenWeb account for all returned checks.

Child(ren) _____

DAY OF WEEK	AFTER SCHOOL EXTENDED CARE PICK-UP TIME (Latest pick-up is 5:30pm)	PICK-UP PERSON
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Please let us know who will be picking up your child from Extended Care. **Changes can only be made by a parent or guardian by note, e-mail, or phone call to the Elementary Administrative Secretary.**

Parent Signature: _____ Date: _____

Cell Phone Number _____ Work Phone Number _____