

Redeemer Lutheran School
Extended School Care (E.S.C.)
2014-2015 Registration and Payment Agreement

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please check all types of care desired:

- ____ Contracted Morning Care – If offered - (Reg. schedule, specific days) - \$5.00/day/child
- ____ Contracted Afternoon Care (Regular schedule, specific days of the week) - \$12.00/day/child
- ____ Occasional Morning Care – If offered - (Must schedule 24 hours in advance) - \$7.00/day/child
- ____ Occasional Afternoon Care (Must schedule 24 hours in advance) - \$16.00/day/child
- ____ Drop In – Afternoon only (Less than 24 hours' notice) - \$22.00/child/day
- ____ Sports/Activity Care (Must schedule care at least 24 hours in advance) - \$6.00/child/session
- ____ Release days when E.S.C. is offered - \$25.00 half day/child and \$40.00 full day/child (max \$100.00/family/day)

If you desire Contracted Care, Please specify day(s) needed for each child:

Name	Morning Care					Afternoon Care				
	M	T	W	T	F	M	T	W	T	F

***A non-refundable registration fee of \$25.00 must accompany this Registration and Payment Agreement and the Identification Form for your enrollment to be complete.** Please make checks payable to Redeemer Lutheran School.

By signing below I agree to all of the policies included in the ESC handbook. I further agree to make the ESC payments according to the types of care checked above. All fees incurred from late payment, late pick-up, and additional requested days are entirely my responsibility. I realize I must inform the ESC Director in writing within two weeks or ten business days, of any contract changes or withdrawal from the program.

Signed: _____ Date: _____

Questions? Please call Deanna Soeldner at 952-473-5356, Extension 208.

For office use only:	
Registration paid: ___/___/___	Registration and Payment Agreement received: ___/___/___
Amount: _____	
Check # _____	Identification Form received: ___/___/___