



Salem Lutheran Preschool

A Caring, Christian Environment for Your Child's Early Learning

Anticipated Extended Care Use

STUDENT NAME

Please fill out the sections below for our planning purposes.

We anticipate using Salem's **before care** services (7:00-8:45 AM): Daily or almost daily
 Occasionally
 Infrequently or never

We anticipate using Salem's **after care** services (2:45-5:00 PM): Daily or almost daily
 Occasionally
 Infrequently or never

If use is anticipated to be daily, almost daily, or occasionally, please indicate anticipated days of the week, if possible:

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

Signatures

I have carefully read the extended care policy and agree to pay fees required in accordance with the policies of Salem Lutheran Preschool. Monthly payment is due in full on or before the 5th of the month. I understand that I will be assessed a \$25.00 fee for any personal checks issued by me which are returned from the bank for insufficient funds, and a \$10.00 fee for each month in which my extended care account is past due.

Parent/Guardian Signature _____ Date _____

_____ Date _____