Extended Care Add—Change—Withdrawal

Bethany Lutheran School ● 1011 Ulatis Drive ● Vacaville, CA ● (707) 451-6683

Student Information:

Name: _____ Grade 2011-2012: _____

Effective Date: _____

Check One: ☐ **Add** ☐ **Change** ☐ **Withdrawal**

Add or Change From		Change To		
Kindergarten				
6:30am—8:00am M TU W TH F	$ 900 / $90	6:30am—8:00am M TU W TH F	$ 900 / $90	$
11:45am—3:10pm M TU W TH F	$1,480 / $148	11:45am—3:10pm M TU W TH F	$1,480 / $148	$
6:30am—6:00pm M TU W TH F	$4,080 / $480	6:30am—6:00pm M TU W TH F	$4,080 / $480	$
Grades 1-8				
6:30am—8:00am M TU W TH F	$ 900 / $90	6:30am—8:00am M TU W TH F	$ 900 / $90	$
3:10pm—6:00pm M TU W TH F	$2,000 / $200	3:10pm—6:00pm M TU W TH F	$2,000 / $200	$
6:30am—6:00pm M TU W TH F	$2,730 / $273	6:30am—6:00pm M TU W TH F	$2,730 / $273	$
Total				$

Financial Responsibility:

Person(s) who assume financial responsibility for Extended Care at Bethany Lutheran School:

Name(s): _____

Address: _____

City: _____State: _____ Zip: _____ Home Phone: _____

Relationship to Student: _____

Work Phone: _____ Cell Phone: _____

1. I/We wish to (circle one) Add / Change / Withdraw our student(s) in the Extended Care program effective date as indicated above. Withdrawal from the Extended Care program requires a 30 day written notice. **Initial:** _____

2. I/We understand that by assuming responsibility for the Extended Care services, we are responsible for and agree to pay any and all fees and charges incurred while the student is enrolled in the Extended Care program. Accounts must be paid in full to receive final exams, grades, report cards, diplomas, or to participate in programs, ceremonies, etc., and I/we further understand that student records will not be released to the family until the account is paid in full. All costs incurred by BLS to collect on past-due accounts are my responsibility and will be billed to accordingly. **Initial:** _____

3. I/We understand that for the safety and well-being of BLS staff and students, Extended Care sheets for drop-in students must be signed; otherwise, I/we agree to be charged until 6:00 PM. Extended Care billing sheets will be presumed correct unless disputed within 30 days of the billing date. **Initial:** _____

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS AGREEMENT. **Initial:** _____

_____ _____ _____ _____

Signature **Date** **Signature** **Date**