

**2018-2019 HAMPSTEAD ACADEMY  
EXTENDED CARE CONTRACT**

Extended care is offered daily from 2:45 to 6:00 PM. It is offered to those who are in need of consistent care and must be contracted. Extended care is **not** for those interested in an occasional drop-off. Care is computed at the rate listed below. Payment is due whether or not your child attends. There will be **NO** credit for absences. Care in excess of contracted time will be billed weekly. Contracts are based on full year care. This fee will be added to your account upon receipt of your extended care contract. If your contracted care needs change, you must notify the business office in writing. If overpayment is applicable, it will be credited to your account. Changes will be considered on an individual basis giving priority to those who need routine/full time care. Fees are computed at the rate of **\$7.25 /hour** for routine care and **\$7.25 per 15 minutes** of care for those who are not contacted or if you exceed your contracted time.

Aftercare students need to go to the Library to meet the Aftercare teacher. The children will spend part of their time outdoors, weather permitting. The remainder of the time will be spent in the Gym or Library. Children may play games, do homework, read or use the computers. It is essential that you provide extra drink and snack for those students staying until 6:00.

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Student Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

I need extended care for the times/days indicated below. I understand that care is on a full year basis and is added to my account. An updated bill will be issued the day after the receipt of this contract and my child(ren) may begin attending daycare. Extended care will begin on September 4, 2018. **This contract is to be signed and returned to secure coverage.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
<b>Half time</b> 2:45-4:30	\$450	\$450	\$450	\$450	\$450	#of days x 450
<b>Full time</b> 2:45-6:00	\$825	\$825	\$825	\$825	\$825	#of days x 825

**EXTENDED CARE YEARLY RATES**

**Total cost of Half time days** \_\_\_\_\_

**Total cost of Full time days +** \_\_\_\_\_

**Total cost of After Care** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_