Extended Day Contract

Child's Name:

(Please complete this form if your child is planning to use Extended Day Services.)

	(Last Name)	(Called by)	(Teacher	/Grade)
L Number: L				
Parent Information: Parent or Guardian Na	me (1):			
Place of Employment:				
Mobile Phone:		Work Phone:		
Parent or Guardian Na	me (2):			
Place of Employment:				
Mobile Phone:		Work Phone:		
Child's Home Addres	ss:			
Medical Information: Doctor's Name:	:	(Street)	(City)	(ZIP)
List any medical probl	ems:			
Emergency Contact: Neighbor or Relative to	o contact in an emergo	ency: (not an out of town r	relative)	
Name		Phone:		
Name of person(s) autl	norized to pick up my	child & their relationship	to you.	
Name:		Relationship:		
Name:		Relationship:		
\$145.00 p \$14.00 per Will use E Faculty/St	per year payable by Ser month payable by traction to the contraction of the contraction o	September 7, 2018 the 10 th of each month nally (not on contract)		
*New Late Fee Policy you will incur a late fe enforced. The only ac	- The last possible pie rate of \$5.00 per mi ceptable form of payr	ick-up time for your child nute. This is to be paid up ment for this late fee is cas	check each, then sign below is not 5:30. If you arrive late on arrival. <i>This late fee with</i> shor a check made out to LA	ter than 5:35 p.m. Il be strictly AES.
1 acknowle	euge inai i nave read	and fully understand the n	ew Late Fee Policy above. I	unaersiana inat

I will be charged at a rate of \$5.00 per minute after 5:35 p.m.

I acknowledge that the Extended Day contract may be cancelled or changed only by written notification

I acknowledge that the Extended Day contract may be cancelled or changed only by written notification to the elementary school Extended Day coordinator. Regular fees will accrue until receipt of such notification.

I acknowledge that I have received the TN Dept. Of Ed. Summary of Child Care Approval Requirements and the video list (available to pick up at Meet the Teacher night).

S	Signature:	Date: