



For office use:
 Date Received: ____/____/____
 PC Entered by: _____
 BO Billing Bag: _____ Excel BO XXL: _____

2016 - 2017 EXTENDED DAY PROGRAM AGREEMENT

This form is required to be signed by all CDSA families.

1. After-school care is available on a drop in or discounted monthly agreement basis. I understand that I have accepted financial responsibility to pay the following:
 - Drop in care is available at a rate of 10¢ a minute, beginning at 3:30PM. Monthly rates are available for full and part time schedule and are detailed in the chart on the back side of this form. Rates may be viewed online at www.cdsa.org.
 - With the exception of August which will be prorated, I understand that monthly rates have been set according to the total number of days offered and in cases of abbreviated days of attendance, such as Winter Break, I understand that my fee will remain the same.
 - Changes made to a monthly agreement after the 1st of any given month will not go into effect until the following month.
 - Beginning August 2016-17, CDSA is offering a Full Extended Day Plan payment option. This is a 10 month agreement (August 2016-May 2017) which includes all available Extended Day including 7-8AM, 3:30-6:00PM and all holiday and early dismissal days at a rate of \$250/month.
 - Holiday care on non-school days (if needed) is billed in addition to monthly fees, unless on the Full Extended Day Plan. Holiday care from 8:15AM - 3:30PM is \$30; Care for early dismissal days from 12:00PM - 3:30 PM is \$20. Extended hours are available on holidays and early dismissal days from 7:00-8:15AM and 3:30-6:00PM at a rate of 10¢ a minute.
2. **I understand that I, or any agent of mine, will need to sign my child out on Procure by entering a PIN (Personal Identification Numbers) and following the prompts. If I fail to sign my child out I will be charged for care until 6:00PM.**
3. I have been provided a copy of the CDSA 2016-17 school year calendar.
Please note: CDSA will **not** offer care on August 8, September 5, November 23-26, December 23/26, or May 29.

IMPORTANT INFORMATION: Extended Day: 817-253-9994

Emergency: Joyce Hunt-French: 817-723-1860 Tina Fuller-Jones: 817-658-5925

In the case of bad weather please tune to NBC5 or WFAA 8 and check the school website for school closing instructions.

I confirm that I have read and agree to the CDSA Extended Day Program Agreement.

Child(ren) _____

Parent's signature: _____ Date: _____

MONTHLY AGREEMENT - 3 options available:

To sign up for a discounted monthly rate, please indicate the day, next to the times desired, or place a check next to the Drop In or Full Extended Day Plan option. Changes made to any plan must be submitted in writing, by the 1st of the month, and on the proper form provided by request from the front office. All plan changes will be made effective the following month.

Based on the program agreement information provided above, I sign my child up for one of the following plans:

Monthly Plan:

MORNING	M _____	T _____	W _____	TH _____	F _____
AFTERNOON until 4:30	M _____	T _____	W _____	TH _____	F _____
AFTERNOON until 6:00	M _____	T _____	W _____	TH _____	F _____

Drop In Care

I sign my child up for the **Full Extended Day Plan** payment option, which includes all available Extended Day, at a rate of \$250/month for 10 months, August 2016-May 2017.