

**2018-19 Lourdes Little Lancer Extended Care Enrollment Form (LLL)  
4-day PS/PreK Students**

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

You will be billed one weekly rate for the school year regardless of actual number of days attended during any given week. **The program will be in operation all days that school is open.** The program is closed on Holidays and days where school is cancelled. The 2<sup>nd</sup> and 3<sup>rd</sup> child attending from a family will receive a 10% discount.

A \$1.00 per minute late fee is assessed per child if picked up after 5:30 PM.

**Circle Option 1 or Option 2 below.**

If choosing Option 2, you also need to circle which specific full and/or half days.

**4-day PS/PreK students – Full time wraparound care**

- Includes 7:00 AM – 5:30 PM Monday through Friday
- Includes lunch and snacks

**OPTION 1: \$140/week**

**4-day PS/PreK students – Less than full time wraparound care**

- Includes lunch and snacks
- "Half day" rate includes either 7:00 AM–12:20 PM OR 11:30 AM–5:30 PM
- "Full day" rate includes 7:00 AM-5:30 PM
- **Circle if needing full day Friday:**                      **Fridays**
- **Circle which half days:**

**OPTION 2: \$34/half day  
\$58/full day**

**Mon AM      Tues AM      Wed AM      Thurs AM      Fri AM**

**Mon PM      Tues PM      Wed PM      Thurs PM      Fri PM**

I understand that I will be billed a total weekly rate of \_\_\_\_\_ based on the schedule above unless I **give at least 2 weeks notice** that I am changing my schedule with the program.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

For any questions, please contact the Billing Office at [billinglcs@gmail.com](mailto:billinglcs@gmail.com) or 563.359.0345.

**OFFICE USE ONLY:**                      **TOTAL WEEKLY RATE:** \_\_\_\_\_