

**2019-20 Lourdes Little Lancer Extended Care Enrollment Form (LLL)
2-day & 3-day Preschool 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 2nd and 3rd child attending from a family will receive a 10% discount. \$25 registration fee required for all children new to the LLL program.

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

Circle Option 1, Option 2, or Option 3 below.

If choosing Option 3, you also need to circle which specific full and/or half days.

2-day PS students – Full time wraparound care	OPTION 1: \$175/week					
<ul style="list-style-type: none"> • Includes 7:00 AM – 5:30 PM Monday through Friday • Includes lunch and snacks 						
3-day PS students – Full time wraparound care	OPTION 2: \$165/week					
<ul style="list-style-type: none"> • Includes 7:00 AM – 5:30 PM Monday through Friday • Includes lunch and snacks 						
2-day or 3-day PS students – Less than full time wraparound care	OPTION 3: \$35/half day \$60/full day					
<ul style="list-style-type: none"> • Includes lunch and snacks • “Half day” rate includes either 7:00 AM–12:20 PM <u>OR</u> 11:30 AM–5:30 PM • “Full day” rate includes 7:00 AM-5:30 PM 						
<ul style="list-style-type: none"> • Circle which full days: 						
<table> <tbody> <tr> <td align="center">Mon</td> <td align="center">Tues</td> <td align="center">Wed</td> <td align="center">Thurs</td> <td align="center">Fri</td> </tr> </tbody> </table>	Mon	Tues	Wed	Thurs	Fri	
Mon	Tues	Wed	Thurs	Fri		
<ul style="list-style-type: none"> • Circle which half days: 						
<table> <tbody> <tr> <td align="center">Mon AM</td> <td align="center">Tues AM</td> <td align="center">Wed AM</td> <td align="center">Thurs AM</td> <td align="center">Fri AM</td> </tr> </tbody> </table>	Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	
Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM		
<table> <tbody> <tr> <td align="center">Mon PM</td> <td align="center">Tues PM</td> <td align="center">Wed PM</td> <td align="center">Thurs PM</td> <td align="center">Fri PM</td> </tr> </tbody> </table>	Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	
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 or 563.359.0345.

OFFICE USE ONLY: TOTAL WEEKLY RATE: _____