

**2019-20 Lourdes Little Lancer Extended Care Enrollment Form (LLL)
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 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 or Option 2 below.

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

<p>PreK students – Full time wraparound care</p> <ul style="list-style-type: none">• Includes 7:00 AM – 5:30 PM Monday through Friday• Includes lunch and snacks	<p>OPTION 1: \$150/week</p>										
<p>PreK students – Less than full time wraparound care</p> <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• Circle if needing full day Friday: Fridays• Circle which half days: <table><tr><td>Mon AM</td><td>Tues AM</td><td>Wed AM</td><td>Thurs AM</td><td>Fri AM</td></tr><tr><td>Mon PM</td><td>Tues PM</td><td>Wed PM</td><td>Thurs PM</td><td>Fri PM</td></tr></table>	Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	<p>OPTION 2: \$35/half day \$60/full day</p>
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 or 563.359.0345.

OFFICE USE ONLY: **TOTAL WEEKLY RATE:** _____