2021-2022 Lourdes Little Lancer Extended Care Enrollment Form (LLL)

Child's Name:		
Parents' Names:		
Email Address:		
You will be billed one weekly rate for the school year regardless or during any given week. The program will be in operation all day program is closed on Holidays and days when school is closed or attending from a family will receive a 10% discount. A \$25 registrate to the LLL program.	s that schoo cancelled. T	ol is open. The he 2nd and 3rd child
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	d/or half davs	
Full Time Wrap Around Care Includes 7:00 AM – 5:30 PM Monday through Friday Includes lunch and snacks	OPTION 1:	\$180/week
Less than full time Wrap Around Care	OPTION 2:	\$35/half day \$60/full day
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 which half days: 		
Oncie which han days.		
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 above unless I give at least 2 weeks notice that I am changing m		ed on the schedule vith the program.
Parent Signature	Date:	
For any questions, please contact the Beth Giese at beth giese@l		
i or any questions, piease contact the Deth Olese at Deth.glese@i	ourues.pvt.Ki	12.10.03

OFFICE USE ONLY: TOTAL WEEKLY RATE: _____