

**2022-2023**  
**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 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 when school is closed or cancelled. The 2<sup>nd</sup> and 3<sup>rd</sup> child attending from a family will receive a 10% discount. A \$25 registration fee required for 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.

<b>Full Time Wrap Around Care</b> <ul style="list-style-type: none"><li>• Includes 7:00 AM – 5:30 PM Monday through Friday</li><li>• Includes lunch and snacks</li></ul>	<div style="border: 1px dashed black; border-radius: 50%; padding: 10px; display: inline-block;"><b>OPTION 1:    \$180/week</b></div>										
<b>Less than full time Wrap Around Care</b> <ul style="list-style-type: none"><li>• Includes lunch and snacks</li><li>• “Half day” rate includes either 7:00 AM–12:20 PM <u>OR</u> 11:30 AM–5:30 PM</li><li>• “Full day” rate includes 7:00 AM- 5:30 PM</li><li>• <b><u>Circle which half days:</u></b></li></ul>	<div style="border: 1px dashed black; border-radius: 50%; padding: 10px; display: inline-block;"><b>OPTION 2:    \$36/half day \$62/full day</b></div>										
<table style="width: 100%; text-align: center;"><tr><td><b>Mon AM</b></td><td><b>Tues AM</b></td><td><b>Wed AM</b></td><td><b>Thurs AM</b></td><td><b>Fri AM</b></td></tr><tr><td><b>Mon PM</b></td><td><b>Tues PM</b></td><td><b>Wed PM</b></td><td><b>Thurs PM</b></td><td><b>Fri PM</b></td></tr></table>	<b>Mon AM</b>	<b>Tues AM</b>	<b>Wed AM</b>	<b>Thurs AM</b>	<b>Fri AM</b>	<b>Mon PM</b>	<b>Tues PM</b>	<b>Wed PM</b>	<b>Thurs PM</b>	<b>Fri PM</b>	
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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 Beth Giese at [beth.giese@lourdes.pvt.k12.ia.us](mailto:beth.giese@lourdes.pvt.k12.ia.us)

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