

# Extended Care Plan Change Form

Plan	1 Child Rate	2 Child Rate	3 Child Rate	4 Child Rate
<b>Prepaid Flat Rate</b>	\$200	\$300	\$400	\$500
<p>➤ <b>Flat Rate Plan</b> is a <b>Prepaid</b> Monthly Fee of 9 payments, beginning the first week of Sept and ending in May.</p> <p>➤ Plan changes may be processed once each year. Additional plan changes will incur a \$50 plan change fee.</p>				
<b>LATE PICKUP RATE</b>	<b>\$10/15 Minutes Per Child</b> Charged to all plan types starting at 6 PM			

Student Name(s)	Grade	New Plan		All extended care charges will be billed through FACTS at the end of each month due within 14 days.
		<b>Prepaid Flat Rate</b>	<input type="checkbox"/>	
		<b>Drop-In</b>	<input type="checkbox"/>	
Parent Signature: _____ Date: _____				