Episcopal Day School of Evergreen 2024 SUMMER CAMP EXTENDED CARE MONTHLY CONTRACT

Child's Name		Birthdate
Parent/Guardian		
		Phone
Email		
Parent/Guardian		
	Work Phone	
Email		
PLEASE CHO	OSE THE EXTENDED CAR	RE PLAN FOR YOUR CHILD:
Before Care ONLY	_ After Care ONLY	_ Both Before & After Care
Dates of Service:	May	June
	July	August
Day(s) of Service:	Monday / Tuesday / Wednesday / Thursday / Friday	
Special Needs/Instructi	ons:	
EXTENDED CARE FEES:		
	·	15 AM - 5:30 PM, no partial rates)
·	·	M - 9:00 AM, no partial rates)
• • •	day with contract (3:00 PM -	•
•	·	icing. 48 hour notice & approval required.
notice & approval required	•	for any portion of extended care; 48 hour
• •	50% sibling discount regardles	es of which plan you choose
THE E IS U	30% Sibiling discoult Tegal dies	33 of which plan you choose.
Exte	ended Care fees will be added to y	your tuition statement.
, -		uires approval. All changes to your schedule,
including dropping, requires 2 weeks' notice to EDSE and may be subject to a processing fee.		

Signature_____