

Episcopal Day School of Evergreen
2026-2027 School Year
EXTENDED CARE MONTHLY CONTRACT

Child's Name _____ Birthdate _____

Parent/Guardian _____

Home/Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian _____

Home/Cell Phone _____ Work Phone _____

Email _____

PLEASE CHOOSE THE EXTENDED CARE PLAN FOR YOUR CHILD:

*Before Care ONLY _____ After Care ONLY _____ Both Before & After Care _____

* Children cannot be accepted to Before Care between 8:45 AM and 9:00 AM due to safety concerns.

Day(s) of Service: Monday / Tuesday / Wednesday / Thursday / Friday

Special Needs/Instructions:

EXTENDED CARE FEES:

Before & After Care: \$40.00 per day with contract (7:45 AM - 5:30 PM, no partial rates)

Before Care Only: \$20.00 per day with contract (7:45 AM - 8:45 AM, no partial rates)

After Care Only: \$30 per day with contract (3:00 PM - 5:30 PM, no partial rates)

Extra Drop-Ins (If available) with a contract: Same pricing. 48 hour notice & approval required.

Drop-ins (if available) without a contract: \$40 per day for any portion of extended care; 48 hour notice & approval required.

There is a 50% sibling discount regardless of which plan you choose.

Extended Care fees will be invoiced separately each month.

Refunds or credits will not be issued for payments made for any month beyond the one currently invoiced.

Any change to your schedule (adding or changing days) requires approval. All changes to your schedule, including dropping, requires 2 weeks' notice to EDSE and may be subject to a processing fee.

Signature _____ Date _____