Date Received:_____

LATE STAY CONTRACT

Please enroll _____, grade _____, in the CCES Late Stay Program for the following:

_____Monday _____Tuesday
_____Wednesday _____Thursday _____Friday

The fee is **$8 per day.** You will be billed by the Business Office on your monthly statement.

- **Drop-ins at $6 an hour** may register on a space available basis by calling Mrs. Sickinger in the school office. This must be done in advance through the school office and not through the late stay staff.
- As in the past, all children must be picked by by **5:30 P.M.** There will be a charge of **$1 for each minute past 5:30.** In the event of an emergency, the late stay staff should be notified at 331-4281 or cell 430-7568, and we will work with you. Parents who are late picking up children three or more times may be required to withdraw from the late stay program.
- Late stay will not be offered when school is on a half-day schedule and, obviously, no charges will be made for these afternoons.
- Children should not bring toys of value. The late stay staff cannot be responsible for these items.
- Students may bring a snack and/or money to purchase a soft drink. Each student is responsible for his/her money.

I understand that I am committed to all policies, schedules and charges listed herein. I will contact the school office if I need to make a permanent change in my child's schedule.

Parent(s) Signature:_____

_____

Phone #_____ Date:_____

The following person(s) is authorized to pick up my child and he/she is aware of all policies as stated on this form:

_____

_____

RETURN TO: **Mrs. Janie Sickinger**
245 Cavalier Drive
Greenville, SC 29607

No later than August 20th (one form per child) 7/09