



Extended Care Fees 2024-2025

Student _____ Date _____

Mailing Address _____

Mother/Guardian Name _____ Cell Phone _____

Father/Guardian Name _____ Cell Phone _____

Email _____

Parent Signature _____

Payment: Extended Care Packages are pre-paid on the Friday prior to the week the child is attending. If you need to change your package, a request for approval must be submitted a minimum of two weeks prior to the change. If your child is out sick at any time during the school week, you are still obligated and responsible for that week's payment.

Please mark which **GRADE** your child will be in:

_____ Kindergarten _____ 1st Grade _____ 2nd Grade _____ 3rd Grade _____ 4th Grade _____ 5th Grade

******6-8th Grades Morning care only _____ 6th Grade _____ 7th Grade _____ 8th Grade**

Registration (this is a one-time non-refundable fee)

_____ \$50.00 for SBCS Students _____ \$75.00 for SBCS Family

See reverse side to select extended care package for your child

Please mark which **PACKAGE** your child will be using:

All After Care Packages are pre-paid by the week

*Lake Pick Up Penalty ... First Minute after 6:00pm = \$6.00; each additional minute = \$1.00

After School Care Only: 3:00pm - 6:00pm (Monday – Friday)

_____ Weekly fee \$80.00 pre-paid (1st Student)

Weekly fee \$75.00 pre-paid (2nd Student)

Weekly fee \$70.00 pre-paid (3rd Student)

Wrap Around Morning and After School Care: 7:00am - 8:00am / 3:00pm – 6:00pm (Monday – Friday)

_____ Morning & Afternoon: Weekly fee \$100.00 pre-paid (1st Student)

Morning & Afternoon: Weekly fee \$90.00 pre-paid (2nd Student)

Morning & Afternoon: Weekly fee \$80.00 pre-paid (3rd Student)

Morning Care Only: 7:00am - 8 :00am (Monday – Friday)

_____ 5 days Morning Care only: Weekly fee of \$35.00 Pre-paid

For Stetson Baptist Christian School Students Only

***Non School Day rate is \$50.00 per day. (You must bring a packed lunch on these days)**

ALL children attending Extended Care MUST be registered in our Extended Care Program.

(See front of form for cost)



Stetson Baptist Christian School

Authorization Agreement for Direct Payments (ACH Debits)

Student Name(s): _____

I (we) hereby authorize **Stetson Baptist Christian School**, hereinafter called COMPANY, to initiate debit entries to my (our)

___ **Checking Account**/ ___ **Savings Account** (*select one*) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Payment Terms – START DATE: _____ **END DATE:** _____

Total Balance Due \$ _____ Number of Payments _____

Amount of Each Payment: \$ _____ Payment Date: _____ 1st of every month

By signing this Agreement, I guarantee that I am an authorized signer on the account provided. I hereby agree to be the Responsible Party. I hereby accept, and agree to be bound by, the terms and conditions contained within this Agreement. If applicable, I authorize Stetson Baptist Christian School to initiate debit entries to the account provided, or any subsequent account, and to debit the same to such account. I shall be deemed to be the Responsible Party for all purposes under this Agreement. This authorization is to remain in full force until the final payment is debited from the account.

*****A MINIMUM FEE OF \$ 35.00 WILL BE ASSESSED FOR ANY NSF ACCOUNTS*****

Date: _____ Signature: _____

Printed Name: _____

MUST ATTACH A VOIDED CHECK OR DOCUMENT FROM YOUR BANK WITH ACCOUNT INFORMATION

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ID Number: SBCS 23-24-_____ (to be assigned by finance office)