

John A. Crookshank Elementary School Extended Day Program Payment Agreement

I, _____ have received a copy of the policies and procedures for the Extended Day Program. I understand that St. Johns County School District Auditors have advised that payments for the Extended Day Program must be paid on the specified date listed on my monthly or weekly fee schedule to remain in compliance with state and district policies and procedures. Payments not received 5 days after my due date will be considered late, and a \$5 late fee will be assessed to my account.

Every five days my account is past due, an additional \$5 will be added to my account until brought current. By signing below, you are agreeing to pay your child's fees according to the fee schedule outlined above, and failure to make payments on time could result in withdrawal from the Extended Day program.

Student(s) Name (print)

Parent/Guardian Name (print)

Parent/Guardian Name (sign)

Date

If you have any questions, please call the Extended Day Office at (904) 547-7843.