

John A. Crookshank Elementary School

Extended Day Program

Late 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(s) provided by the Extended Day coordinator to remain in compliance with state and district policies and procedures. Payments received 5 days after the 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 it is brought current. By signing below, you are agreeing to pay your student's childcare fees according to the fee schedule and you understand the policy as outlined above. Failure to make on time payments could result in the withdrawal of your student(s) from the Extended Day program.

Student(s) Name (Print)

Parent's Name (Print)

Parent's Name (Signature)

Date

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