

Spartan Care -Schedule Form



Date: _____

Family Name: _____

Child(ren) Name: _____, Grade: _____

Days attending Spartan Care this week (circle) : _ M, T, W, R, F

Please circle if these days will remain the same, each week, for the remainder of this month:

YES (no additional change form is needed until next month)

NO (please submit weekly change form)

Please circle which Spartan Care rate you will be using:

DAY RATE: (\$ 20.00 per day for 1st child, \$10.00 per day for 2nd child , and \$5.00 per day for each additional sibling)
(from dismissal till 6:00 p.m.)

Please indicate pick up time _____

HOURLY RATE: (\$10.00 per hour for 1 child, \$12.00 per hour for 2 or more)

***** Minimum of 1 hour required *****

Please indicate pick up time _____

HALF DAY: (\$35.00 per half day for 1st child, \$5.00 per half day for each additional child)

Please circle the half days that you will be utilizing: 10/30, 11/24, 12/18, 2/12

***** Please pack lunch and snack*****

Total Weekly Tuition: \$ _____ Late Fee: \$ _____

(Late fee : \$5.00 for first 15 min, after 15 min - \$1.00 per minute will be charged to your tuition)

Billing will be done at the end of each week. Tuition must be paid up by the Tuesday following the billing date for your child to be eligible to attend Spartan Care the following week. Please refer to the Spartan Care Calendar for billing dates.