

Acct. Key _____

Start Date _____

**AMADOR COUNTY OFFICE OF EDUCATION
EXTENDED LEARNING PROGRAM
CONTRACT**

School _____ Grade _____ Teacher _____

Child's Name _____

Parent/Guardian _____

25 hours per month minimum required

0-39 hours=\$2.70 per hr.

40+hours= \$2.45 per hr.

Payment due by the 10th . No refund or credit for unused contracted hours.

(Write in hours you require services in 15 minute increments.)

	After School Hours	Total Hours (per day)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Total Weekly Hours _____

Ck # _____

Total Monthly Hours _____

****If your schedule varies and an advanced copy is not provided to the ELP staff, ELP will NOT call you if your child does NOT arrive at ELP.**

Monthly fees are calculated by total contracted hours per week (after school). I agree to pay the weekly \$_____ and monthly fee of \$_____ in advance. A 10% discount will be given to the sibling with the fewest hours per week/month. Intersession/Summer hours are billed at a daily rate: \$11.00 ½ day / \$18.50 full day. I understand that non-payment will result in termination from the program. I understand that this contract may be changed with appropriate notice. **MAKE CHECKS PAYABLE TO AMADOR COUNTY OFFICE OF EDUCATION (ACOE).**

Staff Initials

Date: _____ Parent Signature: _____

For Office Use Only:

Contract Change: Fax: _____ HRC: _____

Date: _____ Phone Request: _____ Office Visit: _____

(elp contract 2002; 04/10) Daily Average: _____ Effective Date: _____

