## **Warriors of the King**

(Agreement)

| \$25 due upon registration for the following programs per child   |                                                |  |
|-------------------------------------------------------------------|------------------------------------------------|--|
| Option 1                                                          |                                                |  |
| Extended Care (Monday, Friday, VPK Kindorgarton 1:20 2:00 nm)     |                                                |  |
| (Monday - Friday: VPK-Kindergarten 1:30-3:00 pm)                  |                                                |  |
| \$150 / Monthly                                                   |                                                |  |
| Option 2                                                          |                                                |  |
| Warriors of the King (Monday - Friday: VPK-5 <sup>th</sup> Grade) |                                                |  |
| Please check which applies:                                       |                                                |  |
| Before Care Only (6:30 - 8:20 am) <b>or</b> After Ca              | are Only (3:00 -5:30 pm)                       |  |
| Please check school attending:                                    |                                                |  |
| EdgePlewSt Paul                                                   |                                                |  |
| \$250 / Monthly                                                   |                                                |  |
| Option 3                                                          |                                                |  |
| Warriors of the King (VPK-5 <sup>th</sup> Grade)                  |                                                |  |
| Monday – Friday 6:30 - 8:20 am / 3:00 - 5:30 pm (Before ar        | nd After Care)                                 |  |
| Monday - Friday 1:30 - 5:30 pm (Extended and After Care)          | · —————                                        |  |
| Please check school attending:                                    |                                                |  |
| EdgePlewSt Paul                                                   |                                                |  |
| \$325 / Monthly                                                   |                                                |  |
| Option 4                                                          |                                                |  |
| Warriors of the King (VPK-5 <sup>th</sup> Grade)                  |                                                |  |
| Monday - Friday 6:30 am - 5:30 pm ALL (3) programs: Befo          | re, Extended & After Care                      |  |
| Please check school attending:                                    |                                                |  |
| EdgePlewSt Paul                                                   |                                                |  |
| \$400 / Monthly                                                   |                                                |  |
| The following activities will be available during extended        | ended care:                                    |  |
| - Homework / tutoring - Chapel / Worship                          |                                                |  |
| - Board Games / Crafts - Playground - Fre                         |                                                |  |
| (Drop-in Care is available upon request, \$15 for each            | extended care that is needed)                  |  |
| I. would like to enroll                                           | my child.                                      |  |
| I,, would like to enroll Print Parent's / Guardian's Name         | Print Child's Name                             |  |
| in <i>Option</i> I understand that I will pay \$                  | , via ACH on the 5 <sup>th</sup> of the month. |  |

| program if I no longer need this service.                         |             |  |
|-------------------------------------------------------------------|-------------|--|
| The 2 <sup>nd</sup> child will receive a 2.5% discount and pay \$ | each month. |  |
| Parent / Guardian's Signature                                     | <br>Date    |  |

However, I will provide a 30 day notice in writing to remove my child from any extended care