



ISA Extended Care

Parent Name: _____

Email: _____

Student Name/s: _____

- 1) Extended Care in the morning will begin at 7:00 am and end at 8:00 am. If you drop your child off after 7:45 am you will not be charged.
- 2) Extended care for Early Childhood in the afternoon will begin at 3:00pm.
- 3) Extended care for Lower School and Middle School in the afternoon will begin at 3:15 pm.
- 4) Charging for EC, Lower School and Middle School starts at 3:15pm and ends at 6:00pm.
- 5) All pre-paid semester plans are valid from August 13th-December 20th, 2018 and then from January 8th-May 29th, 2019.
- 6) No refunds will be given.
- 7) You can purchase a pre-paid semester plan at any time during the school year, which will be active upon purchase. There is no pro-rated semester plan.
- 8) If you choose the hourly plan, we require a credit card on file and will automatically charge your card for the amount of hours your child/ren have accrued on or before the 10th of every month for the previous month's hours.
- 9) If you purchase a semester plan, you must purchase one per child if you have multiple children.
- 10) Non-enrolled students that drop-in anytime during Extended Care will be required to provide a credit card on file at time of pick-up.
- 11) We charge by the hour. Any amount of time spent in Extended Care will be rounded to the full hour.
- 12) Any child left after 6:00 pm will incur After Hour fees billed at \$25 per 15 min increment.

Extended Care Options

Option A: UNLIMITED SEMESTER PLAN - \$1,000

This plan is valid from August 13th-December 20th 2018. By choosing this plan you are paying a one-time fee with payment in full for the semester. The one time fee is due immediately upon signing-up. This plan is unlimited. This plan does not include After Hour fees

*If you are buying this plan for more than one child, please indicate how many here _____.

Option B: HOURLY PLAN- \$8.00 per hour

I, _____, authorize the International School of Arizona to automatically charge my credit card on a monthly basis for the above Extended Care plan/s. I understand that my information will be saved to file for future transactions on my account. I understand all the terms and conditions above.

Credit Card Information Card Type: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security code: _____

Parent Signature: _____

Date: _____