

Student Name _____ Grade _____

Enrollment Date _____ Withdrawal Date _____ Letter Y/N

2017-2018							
<i>Sessions</i>	<i>Session Payment Period</i>	<i>Payment Due</i>	<i>Late Payment</i>	<i>Date of Payment</i>	<i>Chk # /Cash</i>	<i>Signature</i>	<i>Receipt#</i>
1	August 14 - September 8	August 14, 2017	August 16, 2017				
2	September 11 - October 6	Sept. 11, 2017	Sept. 13, 2017				
3	October 9 - November 3	Oct. 9, 2017	Oct. 11, 2017				
4	November 6 - December 8	Nov. 6, 2017	Nov. 8, 2017				
5	December 11 - January 24	Dec. 11, 2017	Dec. 13, 2017				
6	January 25 - February 23	Jan. 25, 2018	Jan. 29, 2018				
7	February 26 - April 4	February 26, 2018	February 28, 2018				
8	April 5 - May 2	April 5, 2018	April 7, 2018				
9	May 3 - May 31	May 3, 2018	May 7, 2018				

CONTRACT OF AGREEMENT

I have read and understand RCSA Extended Day Payment Policy and I also understand that it is my responsibility as the parent/guardian to keep up with the payment schedule and to make payments on time. I also understand that I will lose my space in Extended Day if I incur an past due balance as well as the opportunity to attend school Sponsored events such as Field trips until the balance is paid.

Parent/ Guardian Signature

Date

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