

Student Name _____ Grade _____
 Enrollment Date _____ Withdrawal Date _____ Letter Y/N _____

2016-2017							
Sessions	Session Payment Period	Payment Due	Late Payment	Date of Payment	Chk # /Cash	Signature	Receipt#
1	August 15 - September 9	August 15, 2016	August 17, 2016				
2	September 12 - October 7	Sept. 12, 2016	Sept. 14, 2016				
3	October 10 - November 4	Oct. 10, 2016	Oct. 12, 2016				
4	November 7 - December 9	Nov. 7, 2016	Nov. 9, 2016				
5	December 12 - January 25	Dec. 12, 2016	Dec. 14, 2016				
6	January 26 - February 24	Jan. 26, 2017	Jan. 27, 2017				
7	February 27 - April 4	February 27, 2017	March 1, 2017				
8	April 5 - May 5	April 5, 2017	April 7, 2017				
9	May 8 - June 2	May 8, 2017	May 10, 2017				

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.
