



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 hours are from 3:00pm to 6:00pm.
- 3) Billing for EC, Lower School, and Middle School starts at 3:15pm.
- 4) You can purchase the unlimited semester plan at any time during the school year, which will be active upon purchase. There are no pro-rated semester plans.
- 5) Extended Care plans are per child.
- 6) Unlimited semester plans must be renewed after winter break by the first billing cycle or you will default to the hourly plan.
- 7) We require a credit card on file for all Extended Care plans. This card will only be charged in accordance to the selected terms below.
- 8) 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.
- 9) We charge by the hour. Any amount of time spend in Extended Care will be rounded to the full hour.
- 10) Any child left in Extended Care after 6:00pm will incur after hour fees billed at \$2 per min.
- 11) There are no refunds for any Extended Care plans.

Extended Care Options

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

This plan is valid from August 10th-December 18th 2020 . By choosing this plan you are agreeing to pay 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. This plan must be renewed after winter break by the first billing cycle or you will default to the hourly plan. You can pay for the unlimited plan on our website at www.isaz.org under extended care.

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

Option B: HOURLY PLAN- \$8.00 per hour

This plan is valid for the 2020/2021 school year. By choosing this plan, you agree to be billed monthly for the hours your child(ren) attended the Extended Care program. Automatic payment for the total family hours accrued during the previous month will occur on or before the 15th of each month. This monthly payment will include any after hour fees that may apply.



Credit Card Info

***Only fill this out if you have chosen the HOURLY plan.**

Credit Card Information Card Type: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security code: _____

I, _____, authorize the International School of Arizona to automatically charge my credit card based on the terms of the above chosen Extended Care plan and after hour charges I may accrue. I understand that my information will be saved on file for future transactions on my account. I understand all the terms and conditions above.

Parent Signature: _____

Date: _____