POWAY UNIFIED SCHOOL DISTRICT EXTENDED STUDENT SERVICES (ESS) PROGRAM CONTRACT

PLEASE **PRINT** LEGIBLY IN INK – PRESS HARD

| Full Contract AM & PM (Sibling Discount Applies) | (N | A.M. Before School Only To Sibling Discount) | | — chool ly | _ ` | PUSD EMPLOYEE yee ID # | |
|---|------------|--|--------------------------------------|--|--|-------------------------|--|
| School Name | Start Date | | | | | | |
| Parent/Guardian Last Name (Financially responsible parent) | | | Parent/Guardian First Name & Initial | | | | |
| Home Address / Billing Address | | | City & State | | | Zip Code | |
| Home Phone Number (with Area Code) | | Cell Phone Number (with Area Code) | | Work Pho | Work Phone Number (with Area Code) Ext. | | |
| Print E-Mail Address Legibly BILLING IS BY E-MAIL | | | | | | | |
| | | | | | | | |
| Child's Last Name PLEASE LIST C | | | CHILDREN IN ESS | Sex | Grade | School | |
| Child's Last Name | First Name | | Sex | Grade | School | | |
| | | | | | | | |
| Child's Last Name First Name | | | | Sex | Grade | School | |
| Please list any Child's Last Name | | | Child's First Nan | Child's First Name Preschool Attending | | | |
| children attending | | | | | | | |
| PUSD Preschool | | | | | | | |
| | | | | | | | |
| Name of Third Party Payer Agency Method of Payment | | Non-Refundable Annual Registration Fee + First Month's Fees (if applicable) | | Total Payment Received | | | |
| Parent is responsible for fees that are not paid by third party payer. | | | | | | | |
| Credit card | | | | | | | |
| authorization attached | | | | | | | |
| My signature below acknowledges that I have read the ESS Terms and Conditions and that I am financially responsible for this account. | | | | | | | |
| PARENT/GUARDIAN SIGNATURE (I | <i>y</i> | DATE ENROLLED | | | | | |
| SIGNATURE OF ESS SUPERVISOR/I | | DATE | | | | | |