

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

PUSD EMPLOYEE

Employee ID # _____

Work Location _____

Work Hours _____

PLEASE PRINT LEGIBLY IN INK – PRESS HARD

Contract Options

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Full Contract Before and After School (Sibling Discount Applies) | <input type="checkbox"/> A.M. Contract Before School Only (No Sibling Discount) | <input type="checkbox"/> P.M. Contract After School Only (No Sibling Discount) | <input type="checkbox"/> ALT CONTRACT (Minimum Days ONLY) *Billed by Semester see Fee Schedule* (No Sibling Discount) |
| School Name | | Start Date | |
| Parent/Guardian Last Name (Financially responsible parent) | | Parent/Guardian First Name & Initial | |
| Home Address/Billing Address | | City & Zip Code | Phone Number (with Area Code) |
| Primary Email: (Invoices are emailed monthly) | | Secondary Email: | |

PLEASE LIST CHILDREN IN ESS

| | | | | |
|---|-------------------|--------------------|---------------------|--------|
| Child's Last Name | First Name | Sex | Grade | School |
| Child's Last Name | First Name | Sex | Grade | School |
| Child's Last Name | First Name | Sex | Grade | School |
| Please list any children attending PUSD Preschool | Child's Last Name | Child's First Name | Preschool Attending | |
| | | | | |

| | | | |
|--|--|---|------------------------|
| 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. | <input type="checkbox"/> Ck.# _____ <input type="checkbox"/> Credit card authorization attached | | |

My signature below acknowledges that I have read the ESS Terms and Conditions and understand that I am financially responsible for this account.

| | |
|---|---------------|
| PARENT/GUARDIAN SIGNATURE (FINANCIALLY RESPONSIBLE) | DATE ENROLLED |
| SIGNATURE OF ESS SUPERVISOR/LEAD ASSISTANT | DATE |