

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

PLEASE PRINT FORM TO ENROLL

<input type="checkbox"/> <u>Full Contract</u> AM & PM (Sibling Discount Applies)	<input type="checkbox"/> <u>A.M.</u> Before School Only (No Sibling Discount)	<input type="checkbox"/> <u>P.M.</u> After School Only (No Sibling Discount)	<input type="checkbox"/> <u>PUSD EMPLOYEE</u> Employee ID # _____ Work Location _____ Work Hours _____
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 Phone Number (with Area Code) Ext.	
<u>Print E-Mail Address Legibly</u>		<u>BILLING IS BY E-MAIL</u>	

PLEASE LIST CHILDREN IN ESS

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 that I am financially responsible for this account.

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