

**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