

AMADOR COUNTY OFFICE OF EDUCATION  
**EXTENDED LEARNING PROGRAM**  
**Change of Contract**

Acct. Key: \_\_\_\_\_ Start Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Rates:**      **Five Day:** \$15 per day  
                   **Less than five days:** \$ 17 per day

- It is your responsibility to notify ELP Staff of schedule variances. ELP will not call if your child doesn't attend.
- Contracts may be changed up to three times, with a 2-week notice, without a \$10.00 Contract Change Fee.

**NO REFUND OR CREDIT FOR UNUSED CONTRACTED HOURS**  
**MONTHS ARE PRORATED ACCORDING TO SCHOOL DISTRICT CALENDAR**

Contracted Hours:	After School Days/Hours <small>(ex. 2:00-5:45)</small>	Total Days/Hours <small>(ex. 3.75)</small>
<p><b>ELP Sign-In Times</b>  <b>Grades 1-5</b></p> <p>Ione – 2:00            Jackson – 2:00            Pine Grove – 2:00            Plymouth – 2:00            Sutter Creek Prim. – 2:00            Sutter Creek Elem. – 2:30</p> <p style="text-align: center;"><b>TK</b></p> <p>Jackson/SC – 11:30</p>	<p><b>MONDAY</b></p> <p>_____</p> <p><b>TUESDAY</b></p> <p>_____</p> <p><b>WEDNESDAY</b></p> <p>_____</p> <p><b>THURSDAY</b></p> <p>_____</p> <p><b>FRIDAY</b></p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Total Weekly Days:** \_\_\_\_\_ x \$ \_\_\_\_\_ /hr.= \$ \_\_\_\_\_ /week

I agree to pay the above contracted weekly/monthly fees in advance by the 10<sup>th</sup> of each month to avoid a \$25.00 late payment fee. I understand that non-payment will result in termination from the program. **Make checks payable to: Amador County Office of Education (ACOE)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_