

RB Hunt

Extended Day

2018-2019

Payment Schedule

- #1 May 15th, 2018
- #2 August 15th, 2018
- #3 September 15th, 2018
- #4 October 15th, 2018
- #5 November 15th, 2018
- #6 December 15th, 2018
- #7 January 15th, 2019
- #8 February 15th, 2019
- #9 March 15th, 2019
- #10 April 15th, 2019
- #11 2019 - 2020
Registrations and
First Payment Due
May 15th, 2019

EXTENDED DAY PAYMENT INFORMATION

Extended Day Payments are due on the 15th of every month, there are no exceptions. If the 15th falls on a weekend or holiday, payment must be received on the Friday before the 15th. A \$30 late fee will be applied to your account on the 16th of the month if payment was not received. If payment is delinquent on the 30th of the month your child/children will be removed from the program.

Our preferred method of payment is online with www.schoolpay.com (you will need to create an account). If paying by check/money order please make your payable to R.B. Hunt Elementary School. Cash payments can only be made when given directly to Laura Inman in the front office. We cannot be responsible for cash sent to school in your child's folder. Please put your child's name and phone number on the memo section of your check.

All checks returned unpaid by your bank will be turned over to collections. Two returned checks on any one account will result in mandatory cash or money order payments for all subsequent fees due.

Extended Day payments and bookkeeping will be maintained by the school secretary. If you have any questions or concerns, please see the below contact information.

Waynette M. Abbatinozzi
Bookkeeper/Secretary

waynette.middleton.abbatinozzi@stjohns.k12.fl.us

Direct 904-547-7957



2018/19 School Year Extended Day Registration

Child's Name (Last/First): _____

Grade(2018-2019): _____ Birthdate: _____ Sex: M / F

Enrollment Option: Please Check **(Circle Days)**

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Afterschool Only
(\$260 Month) | <input type="checkbox"/> Morning Only
(\$100 Month) | <input type="checkbox"/> Both Morning/Afternoon
(\$340 Month) | <input type="checkbox"/> Daily M T W Th F
(\$20 Per Day) | <input type="checkbox"/> Recorder/Strings
(\$35 Registration Fee) |
|--|--|--|---|--|

I Qualify For: Free/Reduced Lunch SJCS D Employee — (LOCATION) _____

Updated documentation for Free/Reduced Lunch Program will need to be supplied

RESPONSIBLE PARTY FOR MONTHLY PAYMENT: MOTHER OR FATHER

Mother's Name: _____ Phone Number _____

Father's Name: _____ Phone Number _____

Child's Primary Residence: Mother _____ Father _____ Both _____ Other _____

Primary Residence Address: _____

City: _____ Zipcode: _____ Email: _____