

St. Thomas More Catholic School Extended Care November Parent Form

Family Name: _____

Students: _____

Instructions: Please indicate with an (X) on the days and times that your child will be attending extended care. If you have more than one child please indicate the number of children attending during that time.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	3
		NO SCHOOL	NO SCHOOL	NO SCHOOL
6	7	8	9	10
___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00
13	14	15	16	17
___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00
20	21	22	23	24
___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	NO SCHOOL	NO SCHOOL	NO SCHOOL
27	28	29	30	
___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	___ A.M. ___ 3:10 - 4:15 ___ 4:15 - 5:15 ___ 5:15 - 6:00	

I agree the above indicated times are the hours that I will be paying for and also agree that if additional fees are incurred during this time period they will be added onto the next month's schedule of fees.

TOTAL HOURS _____

ADDITIONAL FEES _____

Total Amount _____

Parent Signature: _____

Date: _____