

Before and After Care Payment Schedule

Student(s) Name: _____

Please check the appropriate box(es)

Before Care

Monday Tuesday Wednesday Thursday Friday

After Care

Monday One Hr. Two Hrs. Three Hrs.
Tuesday One Hr. Two Hrs. Three Hrs.
Wednesday One Hr. Two Hrs. Three Hrs.
Thursday One Hr. Two Hrs. Three Hrs.
Friday One Hr. Two Hrs. Three Hrs.

Program Fees:

<u>Before School</u>	<u>1.5 Hrs</u>	<u>1Hr.</u>	<u>1/2Hr.</u>
One Child	\$5.00	\$4.00	\$3.00
Two Children	\$6.00	\$5.00	\$4.00
Three Children	\$7.00	\$6.00	\$5.00

<u>After School</u>	<u>1 Hr.</u>	<u>2 Hrs.</u>	<u>3 Hrs.</u>
One Child	\$5.00	\$6.00	\$7.00
Two Children	\$6.00	\$8.00	\$11.00
Three Children	\$8.00	\$10.00	\$12.00

Payment Schedule : (please check one)

Weekly _____

Monthly _____

Total amount due: _____ **Signature:** _____

Date: _____