



Extended Care (EC) Schedule

Week of: _____ or Month of: _____

Family Name: _____

Student Name(s): _____

Schedules and payments are due by **5:00** p.m. each **Wednesday** one week prior to using Extended Care.

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AM Extended Care (7:00 – 7:45 a.m.) Children will go outside from 7:45 - 8:00 a.m. on good weather days.

Please circle the day(s) your child(ren) will attend AM Extended Care.

M	T	W	TH	F	Fees:	# of Days: _____
					1 Child 2 Children 3 Children	Rate: x _____
					\$2 \$3 \$4	AM Total: \$ _____

PM Extended Care (3:00 – 6:00 p.m.)

Please circle the time you will **pick up** your child(ren).

M	T	W	TH	F	Fees:	# of Hours: _____
3:30	3:30	3:30	3:30	3:30	1 Child 2 Children 3 Children	Rate: x _____
4:00	4:00	4:00	4:00	4:00	\$5 per hr \$8 per hr \$10 per hr	PM Total: \$ _____
4:30	4:30	4:30	4:30	4:30		
5:00	5:00	5:00	5:00	5:00		
5:30	5:30	5:30	5:30	5:30		
6:00	6:00	6:00	6:00	6:00		

Late Fee: Add \$5.00 if your schedule and/or payment is not submitted by 5:00 pm on Wednesday of the prior week.

Total Due: \$ _____

Payment

Make checks payable to: St. Eugene School (memo line: Extended Care)

Submit payment to the school office.

Extended Care Use:

Check #: _____ Cash \$ _____ Payment Recorded: Y/N Notes: _____