



Extended Care Weekly Schedule

Week of: _____

Family Name: _____

Student Name(s): _____

AM Extended Care (7:00 – 7:45 AM) Children will go outside from 7:45 - 8:00 AM 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 PM)

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	Note: A child picked up on or before the half hour is charged only for a half hour.	
5:30	5:30	5:30	5:30	5:30		
6:00	6:00	6:00	6:00	6:00		Total Due: \$ _____

Note: Add a \$5 late processing fee if payment is not submitted by 2:30 PM on Wednesday of the prior week.

Payment

Weekly schedules and payments are due **by 2:30 PM** each **Wednesday** of the week **one week in advance** of using the Extended Care Program. Submit schedules with payments to the school office.

Make checks payable to: St. Eugene
 Memo line: Extended Care

For Extended Care Use:

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