



Week Ending _____

NAME _____

Send in this completed form and a check payable to St. John Bosco, weekly.

AM CARES: Between 7:00-8:30 (\$7) PM CARES: Between 2:45-4:00; 3:00-5:00; 3:00-6:00
 Between 7:30-8:30 (\$5)
 Between 8:00-8:30 (\$3)

	Sign-in time	Amount due		Sign-out time	Amount due
Monday	_____	_____	Monday	_____	_____
Tuesday	_____	_____	Tuesday	_____	_____
Wednesday	_____	_____	Wednesday	_____	_____
Thursday	_____	_____	Thursday	_____	_____
Friday	_____	_____	Friday	_____	_____

FEES

2:45 – 4:00
1 child \$9/day
2 children 11/day

2:45 – 5:00
1 child \$12/day
2 children 14/day

2:45 – 6:00
1 child \$15/day
2 children 17/day

EARLY DISMISSAL DAYS

ADD fees listed below to the above fees if there is an early dismissal.

From dismissal until 2:45pm: \$15.00

AMOUNT DUE: Morning total _____ + Afternoon total _____ + Early dismissal _____

TOTAL AMOUNT DUE: _____

****NOTE:** If you have an older child in the CARES program, please see director for the 2 child rate.