

Queen of the Rosary Extended Care Program

Weekly Statement Form

Family Name: _____ Week of: _____
Due and Payable by: Friday ____ / ____
Child/ren's Name(s) _____ Grade / Room _____

Next week, my child(ren) will attend the following days:

Table with 6 columns (MORNING, AFTERNOON, Mon, Tues, Wed, Thurs, Fri) for attendance tracking.

I will not be using Extended Care this week.

Comments: _____

Fees table: \$4.00 per day - AM only, \$10.00 per Day - PM only, \$12.00 per Day - AM and PM. Late fee of \$5.00...

Parent / Guardian Signature _____

Date _____

Queen of the Rosary Extended Care Program

Weekly Statement Form

Family Name: _____ Week of: _____
Due and Payable by: Friday ____ / ____
Child/ren's Name(s) _____ Grade / Room _____

Next week, my child(ren) will attend the following days:

Table with 6 columns (MORNING, AFTERNOON, Mon, Tues, Wed, Thurs, Fri) for attendance tracking.

I will not be using Extended Care this week.

Comments: _____

Fees table: \$4.00 per day - AM only, \$10.00 per Day - PM only, \$12.00 per Day - AM and PM. Late fee of \$5.00...

Parent / Guardian Signature _____

Date _____