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 children will attend the following days:

	MON	TUES	WED	THURS	FRI
MORNING (Please Specify Approximate Drop Off Time)					
AFTERNOON (Please Specify Approximate Pick Up Time)					

_____I will not be using Extended Care this week.

Comments: _____

Fees:	Late Fees:
$4 per day-AM only $12 per day-PM only $14 per day-AM and PM	A late fee of $5 per child per day will be added if Weekly Statement is not received by 6:10 pm Friday.

_____ _____
Parent/Guardian Signature Date

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