

St. Thomas More Catholic School Extended Care September Parent Form TK - 8th

Family Name: _____

Students: _____

Instructions: Please indicate with an (X) on the days and times that your child will be attending extended care. If you have more than one child please indicate the number of children attending during that time.
MAKE CHECKS PAYABLE TO OCSC

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
31-Aug	1	2	3	4
___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	NO SCHOOL Remote Learning	NO SCHOOL Assesment Day
___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15		
___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15		
___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00		
7	8	9	10	11
NO SCHOOL Labor Day	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40
	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15
	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15
	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00
14	15	16	17	18
___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40
___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15
___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15
___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00
21	22	23	24	25
___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40
___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15
___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15
___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00
28	29	30		
___ AM 6:45 - 7:40	___ AM 6:45 - 7:40	___ AM 6:45 - 7:40		
___ 3:10 - 4:15	___ 3:10 - 4:15	___ 3:10 - 4:15		
___ 4:15 - 5:15	___ 4:15 - 5:15	___ 4:15 - 5:15		
___ 5:15 - 6:00	___ 5:15 - 6:00	___ 5:15 - 6:00		

I agree the above indicated times are the hours that I will be paying for and also agree that if additional fees are incurred during this time period they will be added onto the next month's schedule of fees.

TOTAL HOURS _____

ADDITIONAL FEES _____

Total Amount _____

Parent Signature : _____

Date: _____