

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

Family Name: _____

Students: _____

Instructions: Please indicate with an (X) on the days and times that your child will be attendi extended care. If you have more than one child please indicate the number of children atten that time.

MAKE CHECKS PAYABLE TO OCSC

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
4-Jan	5-Jan	6-Jan	7-Jan
___ 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
1/11/2021	1/12/2021	1/13/2021	1/14/2021
___ 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
1/18/2021	1/19/2021	1/20/2021	1/21/2021
No School	___ 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
1/25/2021	1/26/2021	1/27/2021	1/28/2021
___ 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
2/1/2021	2/2/2021	2/3/2021	2/4/2021
___ 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

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

TOTAL HOURS

ADDITIONAL FEES

Total Amount

Parent Signature : _____

Date: _____

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ding during

FRIDAY
8-Jan
<input type="checkbox"/> AM 6:45 - 7:41
<input type="checkbox"/> 3:10 - 4:16
<input type="checkbox"/> 4:15 - 5:16
<input type="checkbox"/> 5:15 - 6:01
1/15/2021
<input type="checkbox"/> AM 6:45 - 7:40
<input type="checkbox"/> 3:10 - 4:15
<input type="checkbox"/> 4:15 - 5:15
<input type="checkbox"/> 5:15 - 6:00
1/22/2021
<input type="checkbox"/> AM 6:45 - 7:41
<input type="checkbox"/> 3:10 - 4:16
<input type="checkbox"/> 4:15 - 5:16
<input type="checkbox"/> 5:15 - 6:01
1/29/2021
<input type="checkbox"/> AM 6:45 - 7:40
<input type="checkbox"/> 3:10 - 4:15
<input type="checkbox"/> 4:15 - 5:15
<input type="checkbox"/> 5:15 - 6:00
2/5/2021
<input type="checkbox"/> AM 6:45 - 7:40
<input type="checkbox"/> 3:10 - 4:15
<input type="checkbox"/> 4:15 - 5:15
<input type="checkbox"/> 5:15 - 6:00
