

# St. Thomas More Catholic School Extended Care May 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
<b>17-May</b>	<b>18-May</b>	<b>19-May</b>	<b>20-May</b>	<b>21-May</b>
___ 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
<b>5/24/2021</b>	<b>5/25/2021</b>	<b>5/26/2021</b>	<b>5/27/2021</b>	<b>5/28/2021</b>
___ 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	Early Dismissal
___ 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	
<b>Summer Vacation</b>	<b>Summer Vacation</b>	<b>Summer Vacation</b>	<b>Summer Vacation</b>	<b>Summer Vacation</b>

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** \_\_\_\_\_

**Extended Care num: (531) 242-3115**

**Total Amount** \_\_\_\_\_

Parent Signature : \_\_\_\_\_

Date: \_\_\_\_\_