

Child's Name: _____

Month: _____

Week of: _____	Monday	Tuesday	Wednesday	Thursday	Friday	End of Week Total
	AM ____ - 7:55 <input type="checkbox"/>	AM ____ - 7:55 <input type="checkbox"/>	AM ____ - 7:55 <input type="checkbox"/>	AM ____ - 7:55 <input type="checkbox"/>	AM ____ - 7:55 <input type="checkbox"/>	
	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	
[] Same drop off and pick up times for the week	[] Full Day [] Half Day Bus [] Delayed opening	[] Full Day [] Half Day Bus [] Delayed opening	[] Full Day [] Half Day Bus [] Delayed opening	[] Full Day [] Half Day Bus [] Delayed opening	[] Full Day [] Half Day Bus [] Delayed opening	

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	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	PM 3:51 - ____ <input type="checkbox"/>	
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There is no tuition reductions for illness or inclement weather (No credits applied for unused days)

Total hours for the month : _____ x \$10 per hour = _____

(Please round up to the nearest hour when calculating AM and PM times)

Full Days Requested _____ X \$ _____ per day = _____

Monthly total: _____

When completing please be sure to check...

Any Half days - Full days - Delayed openings

Please let us know if you picked up your child from school or if your family plan has changed for the day