

AUGUST 2021

St. Anne Summer Childcare Program

Please write in the approximate time your child(ren) will be in childcare on all days needed. Sign and turn into the school office, email, or leave with the childcare teacher.

Rate - \$4.40/hour

Student(s) Name(s):

Monday	Tuesday	Wednesday	Thursday	Friday
2 Time: _____	3 Time: _____	4 Time: _____	5 Time: _____	6 Time: _____
9 Time: _____	10 Time: _____	11 Time: _____	12 Time: _____	13 Time: _____
16 Time: _____	17 Time: _____	18 Time: _____	19 Time: _____	20 Time: _____
23 Time: _____	24 Time: _____	25 Time: _____	26 Time: _____	27 Time: _____
30 Time: _____	31 Time: _____	SEPT 1 Time: _____	SEPT 2 Time: _____	SEPT 3 Time: _____

I, the undersigned, do hereby request childcare for the days with times listed above. I agree to pay the invoice billed through FACTS upon receipt. I also understand that drop-in childcare is subject to availability and must be pre-approved by the school office. In addition, I understand my child(ren) must be picked up no later than 5:30pm (according to the staff member's cell phone). If I am late, I agree to pay the fee of \$2.50/minute after 5:30pm.

Parent Signature _____ **Date** _____