

JULY 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
Closed for 5 Independence Day	6 Time: _____	7 Time: _____	8 Time: _____	9 Time: _____
12 Time: _____	13 Time: _____	14 Time: _____	15 Time: _____	16 Time: _____
19 Time: _____	20 Time: _____	21 Time: _____	22 Time: _____	23 Time: _____
26 Time: _____	27 Time: _____	28 Time: _____	29 Time: _____	30 Time: _____

I, the undersigned, do hereby request After-School Care 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 _____