

FAMILY NAME _____

WEEK OF: ____/____/____

	BEFORE SCHOOL NAME	AFTER SCHOOL NAME	PICK-UP TIME	DAILY FEES:
MONDAY			:	\$ ____ . ____
			:	
			:	
TUESDAY			:	\$ ____ . ____
			:	
			:	
WEDNESDAY			:	\$ ____ . ____
			:	
			:	
THURSDAY			:	\$ ____ . ____
			:	
			:	
FRIDAY			:	\$ ____ . ____
			:	
			:	

There is a \$5.00 late fee for schedules not handed in by Friday.

Total Amount Due \$ _____

Amount paid \$ _____