

Queen of All Saints Before and After School Care 2016-2017

_____ Yes, I am interested/need Before and/or After School Care for the 2016-2017 school year.

_____ Before Care only _____ After Care only _____ Both Before/After Care

Name of Child(ren): _____

Grade(s): _____

Parent(s) Name: _____

Phone Number: _____

Day(s) needed for Before School Care: M T W Th F

Day(s) needed for After School Care: M T W Th F

Please return to the school office

Week of: _____

Name of child/ren: _____

Before Care:

After Care:

Day(s) attending (please circle):

Day(s) attending (please circle):

M

T

W

Th

F

M

T

W

Th

F

Before Care Payment Schedule				After Care Payment Schedule			
	Number Of Children				Number Of Children		
Days	1	2	3+	Days	1	2	3+
1	\$5	\$8	\$10	1	\$12	\$17	\$22
2	\$10	\$15	\$20	2	\$24	\$34	\$44
3	\$15	\$23	\$30	3	\$36	\$51	\$66
4	\$20	\$30	\$40	4	\$48	\$68	\$88
5	\$20	\$38	\$50	5	\$60	\$85	\$110