

Extended Care (EC) Schedule

Week of: _____ or Month of: _____

Family Name: _____

Student Name(s): _____

Schedules and payments are due by **5:00 p.m.** each **Wednesday** one week prior to using Extended Care. If not submitted on time a \$10.00 late fee will be added.

AM Extended Care (6:45 a.m.– 7:45 a.m.) From 7:45 - 8:00 a.m. students report outside to their designated areas.

Please circle the day(s) your child(ren) will attend **AM** Extended Care.

M	T	W	TH	F	Rate:	# of Days:	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Child	2 Children	3 Children
					\$5.00	\$7.00	\$9.00
						Rate:	x _____
						AM Total:	\$ _____

PM Extended Care (3:10 – 6:00 p.m.)

Tier 1: Student attends Extended Care immediately after school and is picked up by 4:30 PM, OR student attends an activity after school before attending Extended Care and is picked up by 6:00 PM.

Tier 2: Student attends Extended Care immediately after school and is picked up between 4:30 PM and 6:00 PM. (On early dismissal days students staying beyond 2:00 PM will be charged the Tier 2 rate.)

Please circle the day(s) your child(ren) will attend **PM** Extended Care.

M	T	W	TH	F	Rate:	# of Days:	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Child	2 Children	3+Children
					\$15.00	\$20.00	\$25.00
					\$25.00	\$30.00	\$35.00
						PM Total:	\$ _____

Number of children: 1 child 2 children 3+ children

Please list any days your student will be attending an after-school activity before attending Extended Care.

Please circle the time you will pick up your child(ren).

M	T	W	TH	F	# of days at Tier 1: _____ Rate: _____ # of days at Tier 2: _____ Rate: _____ PM Total: _____ Total Due (AM + PM): _____
3:30	3:30	3:30	3:30	3:30	
4:00	4:00	4:00	4:00	4:00	
4:30	4:30	4:30	4:30	4:30	
5:00	5:00	5:00	5:00	5:00	
5:30	5:30	5:30	5:30	5:30	
6:00	6:00	6:00	6:00	6:00	

Payment

Make checks payable to: St. Eugene School (memo line: Extended Care). Submit payment to the school office.

Extended Care Use:

Check # _____ Cash \$ _____ Payment Recorded: Y/N _____ Date: _____ Amount: _____