

Family Name: _____

Week of: _____

St. Anthony Parish School Extended Care Weekly Schedule

Before School (7:00 7:30 am) (\$2.50 per day, per family)

	Mon.	Tues.	Wed.	Thurs.	Fri.
7-7:30					

Weekly – Early (11:00 am – 3:15 pm)

	Mon.	Tues.	Wed.	Thurs.	Fri.
11:00					
11:15					
11:30					
11:45					
12:00					
12:15					
12:30					
12:45					
1:00					
1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					
3:15					
Totals					

Weekly After School (3:15 – 5:30 pm)

	Mon.	Tues.	Wed.	Thurs.	Fri.
3:15					
3:30					
3:45					
4:00					
4:15					
4:30					
4:45					
5:00					
5:15					
5:30					
Totals					

Total hours for the week: _____

Payment for the week _____ **Check#** _____

Checks should be made out to:
St. Anthony Extended Care

Fees	1 Child	2 Children	3 or more
Hourly:	\$5	\$8	\$10
Weekly (early)	\$100	\$160	\$200
Weekly aft. Sch.	\$50	\$80	\$100