

**Ss. Peter and Paul School
Extended Day Program Weekly Reservation Form**

Week of _____

Child

_____ **Name** **Homeroom**

_____ **Name** **Homeroom**

_____ **Name** **Homeroom**

Attendance Requested for following days: M_____ T_____ W_____ TH_____ F_____

M_____ T_____ W_____ TH_____ F_____

M_____ T_____ W_____ TH_____ F_____

Approximate Pick-Up Time: _____

Late Arrival for Scouts, Sports, etc. (Please explain and give approximate arrival time.)

Additional Person(s) Authorized to Pick Up My Child This Week:

Name: _____

Daytime Phone(s): _____

Cell Phone(s): _____

Fee Schedule:

- \$16.00 per day per child
- A late fee will be charged at a rate of \$5.00 per minute after 6:00 P.M.
- Payment is due to the office (attn: Extended Day Program) on the first day of attendance for each week.
- Fees must be paid in full without any deductions for absences.

_____ child for _____ days @ \$16.00 \$ _____

_____ child for _____ days @ \$16.00 _____

_____ child for _____ days @ \$16.00 _____

Total **\$ _____**