

Week of _____

St. John the Evangelist After School Care

Child(ren)'s Name(s) _____

| | |
|-----------|---|
| Monday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Tuesday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Wednesday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Thursday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Friday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |

An invoice will be sent the week after after school care is utilized. Statements will be sent monthly.

Week of _____

St. John the Evangelist After School Care

Child(ren)'s Name(s) _____

| | |
|-----------|---|
| Monday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Tuesday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Wednesday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Thursday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |
| Friday | 2:45 – 4:00 _____ 4:00 – 5:00 _____ 5:00 – 6:00 _____ |

An invoice will be sent the week after after school care is utilized. Statements will be sent monthly.