

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 _____

Total Hours (or fraction of hour) @ \$6.00 each

= _____

Total Payment Enclosed _____

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