

St. Martin's Out Of School Care Society Fee Schedule



Child's/Children's Name(s): _____

Please estimate and record the hours (AM/PM) of care needed each day. Remember to allow for traveling time to and from work. If there are any changes to your schedule please inform Mrs Bohaychuk via phone call or text message at 587-280-1550.

The monthly schedules are necessary as they help us to plan the programs for the children as well as our full complement of staff members.

Please have completed Calendars returned BY WEDNESDAY, DECEMBER 15th

Monday	Tuesday	Wednesday	Thursday	Friday
		1 CHRISTMAS BREAK No School	2 CHRISTMAS BREAK No School	3 CHRISTMAS BREAK No School
6	7	8 EARLY DISMISSAL	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Parent's Signature: _____

**** IMPORTANT NOTICE ****

Failure to return completed monthly calendars will result in your child(ren) not being scheduled for care. They will not be included in our staff/childcare ratio unless we receive a completed calendar.

**** Cancellation Reminder ****

Failure to notify the program of unscheduled absences prior to 7:15 a.m. for the morning program and 12:00 p.m. for the afternoon program will result in additional charges.