

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



**\*\*Please Return by January 28<sup>th</sup>\*\***

Child's/Children's Name(s): \_\_\_\_\_

Please estimate and record the hours 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 by phone 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 we have the correct number of staff members.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>3</b>	<b>4</b>	<b>5</b> EARLY DISMISSAL	<b>6</b> NO SCHOOL TEACHER CONV	<b>7</b> NO SCHOOL TEACHER CONV
<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b> NO SCHOOL PD DAY
<b>17</b> NO SCHOOL FAMILY DAY	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>

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.