

ST. CROIX CATHOLIC SCHOOL "CREATIVE KIDS CLUB"
MONTHLY Child Care Schedule Federal Tax ID #41-1731931

Today's Date _____ For the month of _____

Amt Paid _____ Cash ___ Check # _____ Online payment _____

Due by 5:30 P.M. on Thursday of the week before care is needed. Late fee of \$5.00 per family is due if turned in on Friday. After 5:30 PM on Friday, please complete a Drop-In form.

Please fill in the dates and check the blocks of time care is needed. If care is needed for more than one child in the family and the schedules are different for each child, please complete separate forms.

Family Name _____

Child(ren) _____

Grade _____

Week 1	Date	Block A 7:00-9:00 AM	Block B 8:00-9:00 AM	Block C 3:40-4:30 PM	Block D 3:40-5:30 PM
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Week 2	Date	Block A 7:00-9:00 AM	Block B 8:00-9:00 AM	Block C 3:40-4:30 PM	Block D 3:40-5:30 PM
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Week 3	Date	Block A 7:00-9:00 AM	Block B 8:00-9:00 AM	Block C 3:40-4:30 PM	Block D 3:40-5:30 PM
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Week 4	Date	Block A 7:00-9:00 AM	Block B 8:00-9:00 AM	Block C 3:40-4:30 PM	Block D 3:40-5:30 PM
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Week 5	Date	Block A 7:00-9:00 AM	Block B 8:00-9:00 AM	Block C 3:40-4:30 PM	Block D 3:40-5:30 PM
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____

Number of days _____

x \$10.00 =
\$ _____

x \$5.00 =
\$ _____

x \$5.00 =
\$ _____

x \$12.00 =
\$ _____ =

\$ _____ x _____ child(ren) = \$ _____

+ Late Fee \$ _____ (\$5.00/family if paid on Friday) = **Total Due: \$ _____**

Please return original and keep copy for your reference.