

Holy Redeemer School Aftercare

Family Name: _____ Week of: ___/___/2010 - ___/___/2010

Pick-up between hours of : 2:30 - 3:30 = 1 Hour

3:30 - 4:30 = 2 Hours

4:30 - 5:30 = 3 Hours

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Total Owed
Hours						
× \$3						
Children						
Total						

Please send this form with payments to the office. Payments are to be made on the Friday **prior** to service. Make checks out to Holy Redeemer School and write **AFTERCARE** in memo.

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