

**MANNING REGIONAL CHILD CARE ASSOCIATION**  
**MANNING EARLY LEARNING & CHILD CARE PROGRAM**

**Parent Confirmed Hour Sheet**

**Confirmed Hours of Required Care for the Month of \_\_\_\_\_, 2019/2020**

Parent Signature _____ Name of Child: _____ 5 days/wk @ \$25 = \$550 <input type="checkbox"/> 4 days/wk @ \$25 = \$425 <input type="checkbox"/> 3 days/wk @ \$25 = \$325 <input type="checkbox"/> 2 days/wk @ \$25 = \$225 <input type="checkbox"/> Minus Subsidy _____ Minimum Parent Fee \$4 Balance Due _____	Staff Signature _____ Amount Received _____ Method of Payment _____  Date: _____
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						
Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs
Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs
Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs
Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs
Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs	Total hrs

**Parents:** Please fill out this form with your monthly schedule and hand in to the Manning Early Learning & Child Care office **before 12:00 on the 25th of the month along with your payment.** Your space is not confirmed until we receive your Parent Confirmed Hour Sheet and payment. Please do not bring your child to the Day Care until your space is confirmed.. We accept etransfer payments at: [thelearningtree02@gmail.com](mailto:thelearningtree02@gmail.com) There are no refunds for cancellations for regular or drop-in. Thank you, if you have any questions please contact office: 780-836-2588

11/22/2018