

**MANNING REGIONAL CHILD CARE ASSOCIATION
MANNING OUT OF SCHOOL CARE PROGRAM
Parent Confirmed Hour Sheet**

Confirmed Hours of Required Care for the Month of March, 2021

Parent Signature _____ Child's Name _____ Total 5 – 9 hr days @ \$40 x _____ = _____ Additional hrs @ \$8 x _____ = _____ Minus Subsidy _____ Mornings @ \$10/hr x _____ = _____ Subsidy Minimum Parent Fee \$50 Balance Due _____	Staff Signature _____ Amount Received _____ Method of Payment _____ Date: _____
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Monday		Tuesday		Wednesday		Thursday		Friday	
1		2		3		4	Open all Day	5	Open all day
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
8		9		10		11		12	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
15		16		17		18		19	Rosary PD Day
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
22	Open all day	23		24	Confirmed Hour Sheets Due	25		26	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
29		30		31					
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 Program Staff by the last Friday of the month along with payment for the days and hours indicated on the form. Please give the Staff at least 24 hrs notice of any changes. There will be no refunds for cancellation, except in the event of extenuating circumstances. This form is your receipt. Year End receipts will be issued for income tax purposes.

PLEASE MAKE ALL PAYMENTS TO OUT OF SCHOOL CARE