

MANNING REGIONAL CHILD CARE ASSOCIATION
MANNING EARLY LEARNING & CHILD CARE PROGRAM
Parent Confirmed Hour Sheet

Confirmed Hours of Required Care for the Month of _____, 2020/2021

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	
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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 There are no refunds for cancellations for regular or drop-in. Thank you if you have any questions please contact office: 780-836-2588
 8/24/2020