

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, 22020

Parent Signature _____ Child's Name _____ Total 5 – 9 hr days @ \$40 x _____ = _____ Additional hrs @ \$8 x _____ = _____ Minus Subsidy _____ Subsidy Minimum Parent Fee \$50 Balance Due _____	Staff Signature _____ Amount Received _____ Method of Payment _____ Date: _____
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Mornings on separate confirmed hour sheet.

Monday		Tuesday		Wednesday		Thursday		Friday	
2		3		4		5	Open All Day (MES & Rosary PD)	6	Open all day (MES & Rosary PD)
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
9	Rosary Pd Day	10		11		12		13	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
16		17		18	Confirmed Hour Sheets Due	19		20	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
23		24		25		26		27	
				Spring Break					
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
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 MADE TO OUT OF SCHOOL CARE (E-TRANSFER, CHEQUE, CASH, ETC) SEPARATE FROM DAYCARE. IF YOUR CHILD ATTENDS MORNINGS AT OOSC, THE PAYMENTS CAN BE TOGETHER. E-TRANSFER EMAIL IS OOSCMANNING@GMAIL.COM