

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

Confirmed Hours of Required Care for the Month of April, 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	
						Spring Break		→	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
5		6		7		8		9	
						Spring Break		→	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
12		13		14		15		16	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
19		20		21	Confirmed Hour Sheets Due	22		23	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
26		27		28		29		30	
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