

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, 2020

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	
				1		2		3	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
6		7		8		9		10	
								<div style="text-align: center;"> Closed Easter Good Friday </div>	
Total hrs		Total hrs		Total hrs		Total hrs			
13		14		15		16		17	
<div style="text-align: center;"> Closed Easter Monday </div>									
		Total hrs		Total hrs		Total hrs		Total hrs	
20	Rosay PD Open all Day	21		22	Confirmed Hour Sheets due	23		24	
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
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 MADE TO OUT OF SCHOOL CARE (E-TRANSFER, CHEQUE, CASH, ETC) SEPARATE FROM DAYCARE. IF YOUR CHILD MORNINGS AT OOSC, PAYMENT CAN BE TOGETHER.
E-TRANSFER EMAIL IS OOSCMANNING@GMAIL.COM