

Family N	lame :	
Student:	Grade	
Student:	Grade	
Student:	Grade	
<u>Please ma</u>	rk your option belov	<u>w:</u>
() 12 Noon – 3:00 PM	\$144.00/per stud	ent for the week
() 12 Noon – 6:00 PM	\$172.00/per stud	ent for the week
	Total due:	\$
Late pick-up = \$1.00/minute fee	(make	checks payable to St Theresa
<u>Late pick-up = \$1.00/minute fee</u> Parent/Guardian Signature:	(make per child for each minute	past contracted time. Date:
Parent/Guardian Signature:	(make	checks payable to St Theresa of the past contracted time. Date: Date:
Parent/Guardian Signature:	(make per child for each minute	checks payable to St Theresa of the past contracted time. Date: Date:
Parent/Guardian Signature:Home Phone:	(make	checks payable to St Theresa of the past contracted time. Date: Date:
Parent/Guardian Signature:	(make	checks payable to St Theresa of the past contracted time. Date: Date:
Parent/Guardian Signature:Home Phone:	(make	checks payable to St Theresa of the past contracted time. Date: Date:
Parent/Guardian Signature:Home Phone:	(make	checks payable to St Theresa of the past contracted time. Date: Date: