

QUEEN OF THE ROSARY EXTENDED CARE WEEKLY STATEMENT

WEEK OF _____

FAMILY NAME: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

PUT AN "X" IN THE BOX ATTENDING FOR EACH CHILD

A.M. ONLY - \$4.00 PER DAY P.M. ONLY - \$14.00 PER DAY BOTH AM & PM - \$16.00 PER DAY	A \$25 LATE FEE WILL BE ADDED TO THE FAMILY'S ACCOUNT IF RECEIVED AFTER THE DUE DATE
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PARENT/GUARDIAN SIGNATURE

QUEEN OF THE ROSARY EXTENDED CARE WEEKLY STATEMENT FORM

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FAMILY NAME: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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