



Shepherd of the Valley Extended Day Program

Two Week Scheduling Form

I will need the Extended Day Program for my child(ren), _____

Week of _____

Monday _____ to **8:15** a.m.

Tuesday _____ to **8:15** a.m.

Wednesday _____ to **8:15** a.m.

Thursday _____ to **8:15** a.m.

Friday _____ to **8:15** a.m.

Week of _____

Monday _____ to **8:15** a.m.

Tuesday _____ to **8:15** a.m.

Wednesday _____ to **8:15** a.m.

Thursday _____ to **8:15** a.m.

Friday _____ to **8:15** a.m.

Week 1 total morning hours: _____

Week 2 total morning hours: _____

Total hours for the 2 weeks: _____ x **\$4.00** = \$ _____

Please note - The rate is \$4.00/hour/child, billed on every quarter-hour (4:00, 4:15, 4:30, 4:45, etc.)

Parent's Signature: _____