



Abbott Memorial School Extended Care Program

Please indicate below the days and times that your child will be attending the extended care program. Payments are due in full Friday, the week before.

Child's Name: _____

Week of: _____

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Total payment for the week: _____

Fee Schedule:

Mornings: \$5 for one child, \$7 for two children, and \$9 for three children.
Afternoons: \$10 for one child, \$14 for two children, and \$18 for three children.
Early Release Days: \$13 for one child, \$19 for two children, \$25 for three children.
½ Day : \$24 for one child, \$36 for two children, and \$36 for three children.

****Please note that families are not offered a credit for days children do not attend.****