

ABC's For Children School Age Attendance 2010

Month _____ Year _____

Child's Name _____

Please complete according to the school schedule.

_____ Number of days before and after school 2 hours @ \$14.50 per day

_____ Number of scheduled 2 hour delays @ \$25.00 per day

_____ Number of full days @ \$40.00

\$ _____ Monthly Total

Please list any days your child will not attend _____

Please pay for all snow or emergency school closings within 24 hours of school age care enrollment.

All forms are due by the 15th of the previous month.