



Extended Care AM & PM

\$6/AM OR PM

Child/rens Name: _____

Parents Name: _____

Week 1					
Monday July 4	Tuesday July 5	Wednesday July 6	Thursday July 7	Friday July 8	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 2					
Monday July 11	Tuesday July 12	Wednesday July 13	Thursday July 14	Friday July 15	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 3					
Monday July 18	Tuesday July 19	Wednesday July 20	Thursday July 21	Friday July 22	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 4					
Monday July 25	Tuesday July 26	Wednesday July 27	Thursday July 28	Friday July 29	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 5					
Monday August 1	Tuesday August 2	Wednesday August 3	Thursday August 4	Friday August 5	Week Total
	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 6					
Monday August 8	Tuesday August 9	Wednesday August 10	Thursday August 11	Friday August 12	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 7					
Monday August 15	Tuesday August 16	Wednesday August 17	Thursday August 18	Friday August 19	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Week 8					
Monday August 22	Tuesday August 23	Wednesday August 24	Thursday August 25	Friday August 26	Week Total
AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Summer Extended Care Total \$ _____