

Holt Kid's Care & Kid's Club

WEEKLY ATTENDANCE SCHEDULE-2009/2010

SCHOOL: _____

Please fill out the schedule/payment worksheet COMPLETELY and return with payment no later than Thursday at 6:00 PM for the following week. Schedules received after 6:00 PM on Thursday will be assessed a **\$15.00** late fee. Late schedules may only be accepted if space is available. **There are no credits or refunds for absences. No schedule changes allowed!** There is a **\$5.00** fee per family for schedule ADD-ONS (must be approved by child care lead teacher). **We are NOT able to accept faxed schedules.**

PARENT'S FULL NAME(S) _____ FOR WEEK ____/____/____

****PLEASE MARK THE DAYS AND TIMES YOUR CHILD(REN) WILL NEED CARE****

FULL NAME OF FIRST CHILD: _____

	MON	TUE	WED	THUR	FRI	TOTAL		FULL RATE TOTAL	DHS RATE TOTAL
AM 7-school begins	___	___	___	___	___	___	X	\$6.25	X \$4.00
PM school ends-6	___	___	___	___	___	___	X	\$9.50	X \$6.00
1/2 DAY (7-1 / 12-6)	___	___	___	___	___	___	X	\$24.00	X \$12.50
K-CARE	___	___	___	___	___	___	X	\$14.50	X \$6.00
FULL DAY (7-6)	___	___	___	___	___	___	X	\$36.00	X \$15.00
WEDNESDAY 1:25-3:25 or 10:45-1:25	___	___	___	___	___	___	X	\$7.50	X \$3.00
FULL WEEK (AM care/PM care/Wednesday 1:25-3:25)	___	___	___	___	___	___	X	\$82.00	X \$48.00
TOTAL FOR 1ST CHILD:									(DHS) _____

FULL NAME OF SECOND CHILD: _____

	MON	TUE	WED	THUR	FRI	TOTAL		FULL RATE TOTAL	DHS RATE TOTAL
AM 7-school begins	___	___	___	___	___	___	X	\$ 5.50	X \$3.00
PM school ends-6	___	___	___	___	___	___	X	\$ 8.50	X \$5.00
1/2 DAY (7-1 / 12-6)	___	___	___	___	___	___	X	\$21.25	X \$9.50
K-CARE	___	___	___	___	___	___	X	\$12.75	X \$4.50
FULL DAY (7-6)	___	___	___	___	___	___	X	\$32.00	X \$11.00
WEDNESDAY 1:25-3:25 or 10:45-1:25	___	___	___	___	___	___	X	\$ 6.50	X \$2.00
FULL WEEK (AM care/PM care/Wednesday 1:25-3:25)	___	___	___	___	___	___	X	\$73.00	X \$39.00
TOTAL FOR 2ND CHILD:									(DHS) _____

PLEASE MAKE CHECK PAYABLE TO HOLT PUBLIC SCHOOLS AND STAPLE TO THIS SHEET. CASH NOT ACCEPTED at CENTERS!	SUBTOTAL FOR ALL CHILDREN (FULL RATE)	_____	(DHS) _____
	PAST DUE / LATE FEE / ADD-ON (+)	_____	_____
	TOTAL AMOUNT ENCLOSED	_____	_____

VISA/MASTER CARD # _____ EXP. DATE _____ ZIP CODE _____

NAME ON CARD _____ CARD HOLDER'S SIGNATURE _____

Credit card must be imprinted and on file at Community Education in order to make credit card payments.

---FOR OFFICE USE ONLY---			
Total Cost _____	Total Enclosed _____	Check # _____	Staff Initials _____
Notes _____			

Add-On Schedule (yes) _____	Late Schedule (yes) _____	DHS Client (yes) _____	

FIRST CHILD RATES

# OF DAYS	A.M.	P.M.	½ DAY	K-CARE	FULL DAY
1	6.25	9.50	24.00	14.50	36.00
2	12.50	19.00	48.00	29.00	72.00
3	18.75	28.50	72.00	43.50	108.00
4	25.00	38.00	96.00	58.00	144.00
5	31.25	47.50	120.00	72.50	180.00

SECOND CHILD RATES

# OF DAYS	A.M.	P.M.	½ DAY	K-CARE	FULL DAY
1	5.50	8.50	21.25	12.75	32.00
2	11.00	17.00	42.50	25.50	64.00
3	16.50	25.50	63.75	38.25	96.00
4	22.00	34.00	85.00	51.00	128.00
5	27.50	42.50	106.25	63.75	160.00

DHS FIRST CHILD RATES

# OF DAYS	A.M.	P.M.	½ DAY	K-CARE	FULL DAY
1	4.00	6.00	12.50	6.00	15.00
2	8.00	12.00	25.00	12.00	30.00
3	12.00	18.00	37.50	18.00	45.00
4	16.00	24.00	50.00	24.00	60.00
5	20.00	30.00	62.50	30.00	75.00

DHS SECOND CHILD RATES

# OF DAYS	A.M.	P.M.	½ DAY	K-CARE	FULL DAY
1	3.00	5.00	9.50	4.50	11.00
2	6.00	10.00	19.00	9.00	22.00
3	9.00	15.00	28.50	13.50	33.00
4	12.00	20.00	38.00	18.00	44.00
5	15.00	25.00	47.50	22.50	55.00