

**Saint Agnes-Sacred Heart School
Sellersville Campus
February 2012**

Family Name _____

Home phone# _____ Emergency phone# _____

Please list the names and grades of the students that will attend and RETURN
PLEASE CIRCLE EACH DATE YOUR CHILD WILL BE ATTENDING CARES

Name/grade _____

Please remit your CARES payment by Feb. 10th, 2012

Morning session (7:00-8:00)-\$6.25 per child

Afternoon session (pick up by 4:45)-\$8.25 per child, (pick up by 6:15)-\$15.25 per child.

A \$10.00 late fee will be charged for after 6:15 pm.

~ February 2012 ~						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 AM 4:45 6:15	2 AM 4:45 6:15	3 Early dismissal No PM CARES	4
5	6 AM 4:45 6:15	7 AM 4:45 6:15	8 AM 4:45 6:15	9 AM 4:45 6:15	10 AM 4:45 6:15	11
12	13 In-Service No School	14 AM 4:45 6:15	15 AM 4:45 6:15	16 AM 4:45 6:15	17 AM 4:45 6:15	18
19	20 AM 4:45 6:15	21 AM 4:45 6:15	22 AM 4:45 6:15	23 AM 4:45 6:15	24 AM 4:45 6:15	25
26	27 AM 4:45 6:15	28 AM 4:45 6:15	29 AM 4:45 6:15	Notes:		

Number of mornings @ \$6.25 _____ x # of children _____ Total due _____

Number of afternoons @ \$8.25 _____ x # of children _____ Total due _____

Number of afternoons @ \$15.25 _____ x # of children _____ Total due _____

Total for the month, due by Feb. 10th _____