

MANNING REGIONAL CHILD CARE ASSOCIATION

MANNING OUT OF SCHOOL CARE PROGRAM

Parent Confirmed Hour Sheet

Confirmed Hours of Required Care for the Month of _____, 2022/23

Parent Signature _____ Child's Name _____ Total 5 – 9 hr days @ \$40 x _____ = _____ Additional hrs @ \$8 x _____ = _____ Mornings @ \$10 x _____ = _____ Minus Subsidy _____ Minimum Parent Fee \$50 Balance Due _____	Staff Signature _____ Amount Received _____ Method of Payment _____ Date: _____
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Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Date													
Total hrs		Total hrs		Total hrs		Total hrs		Total hrs		Total hrs		Total hrs	
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Parents: Please fill out this form with your monthly schedule and hand in to the Program Staff by the last Friday of the month along with payment for the days and hours indicated on the form. Please give the Staff at least 24 hrs notice of any changes. There will be no refunds for cancellation, except in the event of extenuating circumstances. This form is your receipt. Year End receipts will be issued for income tax purposes.