

STAY 'N' PLAY WEEKLY FORM

Student's Name _____ Grade _____

Day: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Date Date Date Date Date

Please send your money to the school office on the **Friday** prior to the week your child will be staying.

\$6.00 per hour, per child ~ Pick-Up ***no later** than 5:30pm. Amount Enclosed \$ _____

***There will be a \$10.00 charge for every 15 minutes your child remains after 5:30.**

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