

## *Saints, Inc. Weekly Summer Contract*

FAMILY NAME \_\_\_\_\_ Phone number (to confirm Drop-In availability) \_\_\_\_\_

MONTH & WEEK DATES \_\_\_\_\_ Please note if you are **Regular** or a **\*Drop-in**  
 \*Drop-in means once a week or occasional use

Please Circle sessions attending

| Student Name               | Monday   | Tuesday  | Wednesday | Thursday | Friday   |
|----------------------------|----------|----------|-----------|----------|----------|
| Child # 1                  | Full Day | Full Day | Full Day  | Full Day | Full Day |
|                            | ½ Day    | ½ Day    | ½ Day     | ½ Day    | ½ Day    |
| Child #2                   | Full Day | Full Day | Full Day  | Full Day | Full Day |
|                            | ½ Day    | ½ Day    | ½ Day     | ½ Day    | ½ Day    |
| Child #3                   | Full Day | Full Day | Full Day  | Full Day | Full Day |
|                            | ½ Day    | ½ Day    | ½ Day     | ½ Day    | ½ Day    |
| <b>Total Daily Charges</b> |          |          |           |          |          |

***Please fill out weekly schedule unless you are contracted for the same days all summer. Weekly schedules and payments are due by the Thursday before care needed.***

Half Day= 5 hours or less  
 Full Days= More than 5 hours  
 Full Day Session           \$26.00  
 ½ Day Session               \$16.00  
 Drop In Full Day           \$28.00  
 Drop In ½ Day               \$18.00

Weekly Total \$ \_\_\_\_\_  
 Please make checks payable to Church of St. Joseph  
 Saints, Inc. direct phone # 442-3706

FOR OFFICE USE ONLY

Amount \_\_\_\_\_  
 Cash/Check # \_\_\_\_\_