St. Peter/St. Francis AfterSchool Program

Student's Name_____ Grade _____

Please check off the times and the days needed and return to school.

DATE	DAY	12:00-12:30	12:30-1:00	1:00-1:30	1:30-2:00	2:00-2:30	2:30-3:00	3:00-3:30	3:30-4:00	4:00-4:30	4:30-5:00	5:00-5:30	5:30-6:00	TOTAL HOURS
5/3	MON													
5/4	TUE													
5/5	WED													
5/6	THU													
5/7	FRI													

DATE	DAY	12:00-12:30	12:30-1:00	1:00-1:30	1:30-2:00	2:00-2:30	2:30-3:00	3:00-3:30	3:30-4:00	4:00-4:30	4:30-5:00	5:00-5:30	5:30-6:00	TOTAL HOURS
5/10	MON													
5/11	TUE													
5/12	WED													
5/13	THU													
5/14	FRI													

<u>Remember, payment must be included with sign-up sheet.</u>

_____ X $4.50 = $ _____

Total number of hours — Payment to be included for 1st student

_____ X $3.50 = $ _____

Total number of hours — Payment to be included for 2nd student

$_____ + $ _____ = $ _____

Payment to be included for 1st student — Payment to be included for 2nd student — Total Due