

Please fill out WEEKLY and submit Thursday PRIOR to child's attendance

TRINITY CHILD CARE WEEKLY REGISTRATION SCHEDULE

FAMILY NAME: _____

Week of: _____

	Child(ren)s Name	Hours Needed		\$ Amount
MONDAY				
1		To		
2		To		
3		To		
TUESDAY				
1		To		
2		To		
3		To		
WEDNESDAY				
1		To		
2		To		
3		To		
THURSDAY				
1		To		
2		To		
3		To		
FRIDAY				
1		To		
2		To		
3		To		

TOTAL DUE: \$
Paid ~ Check #

Fees:	1-3 hours	\$4.25/per hour
	3-5 hours	\$19/per day
	5-10 hours	\$32/ per day
	After 10 hours	\$4.25/ per hour
Children picked up after 6:00 pm will be assessed \$5/per 5 minutes)		