



Family Name: _____ Grade: _____
 Child's Name: _____ Grade: _____
 Child's Name: _____ Grade: _____
 Child's Name: _____ Grade: _____

RATES:
 \$6.00 per hour for one child
 \$11.00 per hour for two children
 \$15.00 per hour for three or more children
AM CARES: \$5.00 per day

MAY/JUNE 2015 CARES CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours/week
				1	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25 Memorial Day No School	26 No School	27	28	29	
1	2	3	4	5	
8	9	No CARES	No CARES	No CARES	
	Please return your calendar by: Friday, April 24, 2015	Calendars that are received before the due date are afforded a 5% discount. Include this discount in your monthly payment.	If calendars are received after April 24 th , please include a \$10.00 late fee with your monthly payment.	Please pay by check for the CARES program. No cash is accepted.	

_____ x _____ Fee - 5% Discount = _____ Total Enclosed _____ Check #