



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

CARES IS PAID BY THE *HOUR*, please.

Family Name: _____

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

APRIL 2014 CARES CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS per week:
	1	2	3	4	
7	8	9	10	11	
14	15	16	17 No School- Holy Thursday	18 No School- Good Friday	
21 No School- Easter Monday	22	23	24	25	
28	29	30			
	Please return your calendar by: <u>MONDAY,</u> <u>MARCH 24,</u> <u>2014.</u>	Calendars that are received before the due date are afforded a 5% discount. Please include this discount in your monthly payment.	If calendars are received after March 24, 2014, please include a \$10.00 late fee with your monthly amount.	<u>Please pay by check for the CARES program. No cash is accepted.</u>	

_____ x _____ = _____
 Total Hours Fee (5% discount) (Total Enclosed) (Check #)