



SCHOOL COPY

St. Thomas of Villanova Preschool

610-525-7554

stv.maryshouse1@gmail.com

Student's Name _____

OCTOBER EXTENDED HOURS 2017

Circle drop off and/or pick-up time & return with payment below

Mon.	Tues.	Wed.	Thurs.	Fri.
2	3	4	5	6
7:30am	7:30am	7:30am	7:30am	7:30am
4:30	4:30	4:30	4:30	4:30
5:30	5:30	5:30	5:30	5:30
9	10	11	12	13
7:30am	7:30am	7:30am	7:30am	7:30am
4:30	4:30	4:30	4:30	4:30
5:30	5:30	5:30	5:30	5:30
16	17	18	19	20
7:30am	7:30am	7:30am	7:30am	7:30am
4:30	4:30	4:30	4:30	4:30
5:30	5:30	5:30	5:30	5:30
23	24	25	26	27
7:30am	7:30am	7:30am	7:30am	7:30am
4:30	4:30	4:30	4:30	4:30
5:30	5:30	5:30	5:30	5:30
30	31			
7:30am	7:30am			
4:30	4:30			
5:30	5:30			

Please circle the morning **7:30am** if dropping off before 8:30am AND circle the afterschool hour for pick-up, total the # of hours and return this form with the full amount due. (Please make checks made payable to St. Thomas of Villanova). Thank You!

*Early Morning Drop-Off (\$12) x ___ days = _____
Extended Hours (\$12) x ___ days = _____

Extended Hours Cost is \$12 per hour.
\$15 per hour – 2 or more children.

Total # of Hours _____ TOTAL ENCLOSED: _____

Check # _____ On-line payment _____

FORM & PAYMENT DUE: 9-29-2017



PARENT COPY

St. Thomas of Villanova Preschool

610-525-7554

stv.maryshouse1@gmail.com

Student's Name _____

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