

Waukesha Catholic
Before & After School Care
WEEKLY PLANNER

Family Last Name: _____

Week of Monday, _____ through Friday, _____

Please check this box if you would like this to be your PERMANENT SCHEDULE. Checking this box indicates this is the schedule your child(ren) will be attending each week, until further notice. Therefore, you will not need to complete a planner each week. If this schedule should change, you are responsible for submitting a new planner to the Director by the Thursday before care is needed.

SCHEDULES ARE DUE THURSDAY BY NOON for the following week. This is essential to plan for staffing.

Please indicate if a shuttle bus is needed for each child
AM and/or PM
W = St. William M = St. Mary

Name _____ Grade ___ - ___ AM (From ___ TO ___) PM (From ___ TO ___)
 Name _____ Grade ___ - ___ AM (From ___ TO ___) PM (From ___ TO ___)
 Name _____ Grade ___ - ___ AM (From ___ TO ___) PM (From ___ TO ___)
 Name _____ Grade ___ - ___ AM (From ___ TO ___) PM (From ___ TO ___)

	Monday	Tuesday	Wednesday	Thursday	Friday
Grades K3-8th Grade					
BEFORE CARE					
AFTER CARE					
WRAP-AROUND CARE K3-K4 - (11:40-3:40)					

All Students *NOT* signed up for Aftercare will be sent home at 3:20/3:40 p.m. according to the instructions on file from the parents (Carline, Bus, etc.)

PLEASE NOTE: BEFORE CARE is anytime from 6:30-8:20/40AM, WRAP AROUND CARE (K3/K4 half day students) is anytime from 8:40-3:40PM and AFTER CARE is anytime from 3:20/40-6:00PM.

(You will be billed for "actual time" for Before and After Care only - Wrap Care is a flat fee.)

Fees for Before/After Care

1st child 2nd child 3rd child 4th child
 \$6.⁵⁰/hr \$4.⁵⁰/hr \$3.⁵⁰/hr \$2.⁵⁰/hour

Fees for Wrap Care

K3/K4-AM(8:40-11:40) K3/K4-PM(11:40-3:40)
 \$15.00 \$20.00

Parent Signature: _____ Date signed: _____

Weekly Planner Example

Below is an example of a Weekly Planner. **Planners must be submitted by Thursday for the following week.** If your schedule is received after Thursday, **FEES MAY BE IMPOSED.**

Joe, Bobby, and Carol Smith will be attending Before & After Care for the week of April 24-April 28th. Joe is in 4th grade, Bobby is in K4, and Carol is in K3. Please see the example below as to how to fill out the planner.

Week of Monday, April 24th through Friday, April 28th

Please indicate if a shuttle bus is needed for each child
AM and/or PM

W = St. William M = St. Mary

<u>Name</u> <u>Joe Smith</u>	<u>Grade</u> <u>4 - 1</u>	AM (From <u>M</u> TO <u>W</u>)	PM (From ____ TO ____)
<u>Name</u> <u>Bobby Smith</u>	<u>Grade</u> <u>4 - 1</u>	AM (From ____ TO ____)	PM (From ____ TO ____)
<u>Name</u> <u>Carol Smith</u>	<u>Grade</u> <u>4 - 1</u>	AM (From ____ TO ____)	PM (From ____ TO ____)

	Monday	Tuesday	Wednesday	Thursday	Friday
Grades K3-8th Grade					
BEFORE CARE	Joe, Bobby, Carol	Joe, Bobby, Carol		Joe, Bobby, Carol	
AFTER CARE	Joe, Bobby, Carol	Joe, Bobby, Carol	Joe	Joe, Bobby, Carol	
WRAP-AROUND CARE K3-K4 - (11:40-3:40)	Carol		Carol		

All Students *NOT* signed up for Aftercare will be sent home at 3:20/3:40 p.m. according to the instructions on file from the parents (Carline, Bus, etc.)

PLEASE NOTE: BEFORE CARE is anytime from 6:30-8:20/40AM, WRAP AROUND CARE (K3/K4 half day students) is anytime from 8:40-3:40PM and AFTER CARE is anytime from 3:20/40-6:00PM.

(You will be billed for "actual time" for Before and After Care only - Wrap Care is a flat fee.)

Fees for Before/After Care

<u>1st child</u>	<u>2nd child</u>	<u>3rd child</u>	<u>4th child</u>
\$6. ⁵⁰ /hr	\$4. ⁵⁰ /hr	\$3. ⁵⁰ /hr	\$2. ⁵⁰ /hour

Fees for Wrap Care

<u>K3/K4-AM(8:40-11:40)</u>	<u>K3/K4-PM(11:40-3:40)</u>
\$15.00	\$20.00

Parent Signature: _____ **Date signed:** _____

