

St. Hilary of Poitiers School
May & June CARES Payment Sheet

Family Name: _____

Children in Program: _____

Parent's Name: _____

Please return the calendar by April 27, 2012 with your payment. Please make check payable to St. Hilary of Poitiers. Please include your pick-up time on the calendar.



MAY & JUNE 2012



Sun	Mon	Tue	Wed	Thu	Fri	Sat
6	7	8	9	10	11	12
13	14	15	16	17 No School Ascension Thursday	18 No School	19
20	21	22	23	24	25	26
27	28 Memorial Day 	29	30	31	JUNE 1 No Cares 1/2 day	2
3	4	5	6	7	8 LAST DAY OF CARES	9

Number of Children	x	Fee	x	Hours	=	Total
_____		\$ _____		_____		\$ _____