

**St. Thomas School
Morning Care Request Form**

I am requesting MORNING CARE for my child/ren _____

For the week of _____(please date).

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

I understand that completing this reservation form reserves a space my child morning care for the days selected. I have included the **non-refundable \$3/day fee** in order to guarantee staffing on the days requested.

Parent signature

****Please turn in to school secretary/before care teacher on Thursday prior to the week care is reserved.****

**St. Thomas School
After Care Request Form**

I am requesting AFTER CARE for my child/ren _____

For the week of _____(please date).

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

I understand that completing this request form reserves an after-care space for my child on the days selected. I will pay for care by check at the conclusion of the week.

Parent signature

****Please turn in to after care leader on the Thursday prior to the week requested.****