



# Divine Mercy Catholic School Morning Latchkey Calendar



Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	# hrs _____ x \$1.50 x # _____ of students
___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	Weekly Total \$ _____
___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	Weekly Total \$ _____
___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	Weekly Total \$ _____
___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	Weekly Total \$ _____
___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	___ 7:15-7:50 \$1.50	Weekly Total \$ _____

number of hours x \$1.50 per hour/per child = \$ \_\_\_\_\_  
 \*\* (calendar total)

Verified: \_\_\_\_\_ Date: \_\_\_\_\_ Check Enclosed \_\_\_\_\_

\*\* Please complete this calendar for those dates your child/ren will be attending Latchkey. This calendar should be completed and returned along with your payment. For example, if you wish to pay for Latchkey services every week, complete only one week at a time on the calendar. If you wish to pay for Latchkey services every two weeks, complete two weeks at a time, etc. - **Just a reminder latchkey calendars and payments are due no later than 5:15 on Friday for the following week, so staffing needs may be scheduled accordingly.**