



Our Lady of Peace
SCHOOL

Preschool Extension Program (PEP)

Please copy this sheet and submit your child's weekly schedule and payment.

Student _____

Please check below for each session that your child will attend PEP during the week. Please also indicate if your child will arrive at 8:15 or 8:45 if beginning the day in PEP. For our scheduling purposes, we also need to know on which days your child needs to be picked up from or delivered to the Extended Care program.

Date	Day	AM Extended Care	AM	PM	PM Extended Care
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Total number of sessions (AM/PM) for the week _____
(All day counts as 2 sessions)

x \$12.00 (per session)

Total owed each Monday \$ _____

- **Payment is prepaid.**
- Please remit payment at the first day of each week in an envelope marked "PEP" with your **child's name** on it and the **amount enclosed**.
- The weekly fee is not altered if your child is absent from the program.
- Drop in services are not available.

Parent signature _____

Date _____