

BASE Monthly Payment Form

Name: _____

Month: _____ Year: _____

Elementary AM (6:30-8:30)

\$10.00 x _____ = _____

Middle School AM (6:30-7:30)

\$5.00 x _____ = _____

Elementary PM (3:00-6:00)

\$11.00 x _____ = _____

Middle School PM (3:00-6:00)

\$11.00 x _____ = _____

Contract Rate (AM and PM each day)

\$18.00 x _____ = _____

Full Day Option (6:30-6:00)

\$29.00 x _____ = _____

Early Release Day Option (12:30-6:00)

\$15.00 x _____ = _____

Total Amount Due: _____

Please submit this form and payment to Ms. Stoker by the 25th of the month.

If you have any program questions, please contact Christine Meshak at 437-3098 or baseprogram@seasparish.org. If you have any financial questions, please contact Rita Humbert at 437-3098 or rhumbert@seasparish.org.