



Family Name: _____

Child's Name: _____

Valle Verde Children's Center
 3275 Peachwillow Lane, Walnut Creek, CA 94598
Phone: (925) 944-5255, **Fax:** (925) 944-5264, **Email:** vvchildrenscenter@gmail.com

MON	TUES	WED	THURS	FRI	TOTAL WEEKLY HOURS
		1 1:30 -	2 2:30 -	3 2:30 -	_____
6 2:30 -	7 2:30 -	8 1:30 -	9 2:30 -	10 Veteran's Day - CLOSED -	_____
13 2:30 -	14 2:30 -	15 1:30 -	16 2:30 -	17 2:30 -	_____
20 Thanksgiving Break Need Care? Yes / No	21 Thanksgiving Break Need Care? Yes / No	22 Thanksgiving Break Need Care? Yes / No	23 Thanksgiving Break - CLOSED -	24 Thanksgiving Break - CLOSED -	
27 2:30 -	28 2:30 -	29 1:30 -	30 2:30 -		_____

(minimum of one hour, rounded to the half hour)

AM Total # of Days _____ x \$8/day = \$ _____

PM Total # of Hours (Turned in Before the 20th) _____ x \$8/hour = \$ _____

PM Total # of Hours (Turned in After the 20th) _____ x \$9/hour = \$ _____

Thanksgiving Break:

1st child \$40 (per day) = \$ _____ ; 2nd child \$35 (per day) = \$ _____ ; 3rd child \$30 (per day) = \$ _____

Add the above amounts for Monthly Total.

MONTHLY TOTAL:
 \$ _____