

ST. JOSEPH SCHOOL PALS
Fall/Spring 2011
503 Edith, MISSOULA, MT 59801
(406) 549-7648

CHILD(REN)'S NAME	BIRTHDATE	SEX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ADDRESS _____ PHONE _____
EMAIL ADDRESS(S) _____
FATHER/GUARDIAN _____
MOTHER/GUARDIAN _____
Catholic: yes__no__ Parish Affiliation _____

BILLED MONTHLY

The hourly charge for PALS is \$4.50. Your child will be signed in on a computer.
Please sign your child out on the computer. You will be billed for the minutes used the
month following service. Payments will be due 2 weeks after bills are distributed.

There is a \$5.00 late charge for pickup after 5:30pm, as well as \$1 per minute thereafter.
Services will not be provided if payment is not received by the first of each month.

ARRANGEMENT FOR CARE

I, the parent/guardian understand I will be charged according to this contract. I will give two
weeks written notice if there are any changes in this arrangement. I also understand that child care services
will be terminated if payment for care is not made by the appropriate date.

Parent/Guardian Signature _____ Date _____