

## SACC Weekly Schedule

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Week of: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Total Hours expected to use: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

Sibling Rate: x \$4.00= \_\_\_\_\_

Payment: check/money order: \_\_\_\_\_ Card: \_\_\_\_\_

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