



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Hourly Pay Permission Form

Hourly care is \$10/ hour and is calculated from the beginning of each hour. Each week will be added up and then charged accordingly the following Wednesday!

Examples:

Southeastern: 2:45-3:45=1 hr

Chillicothe: 1:45-2:45= 1 hr

Huntington: 6:30-7:30a= 1hr, 3:15-4:15= 1 hr

Adena: 2:45-3:45= 1hr

You will then be charged for the hours your child attended the following Wednesday!

\_\_\_\_\_ / / \_\_\_\_\_  
Child's name                      DOB

Weekly Schedule

M TU W TH F

Please circle attending days

Estimated Pick up time: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\*Signing above gives permission for the account on file to be charged the hourly rate for the days child attended. The days chosen above are a set schedule decided by family.

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