

BLESSED SACRAMENT

AFTER CARE

August/September

Child's Name/Grade:

Place a check on the days your child will attend the After Care Program for this month. Use the space below to calculate fees. Make checks payable to BS AFTER CARE. Return completed calendar and check to the school office by the end of the first week of each month.

Number of Regular Days:

(3:10-6:15pm) _____ x \$20= _____

Number of Half Days (choose one):

(12:30-3:10pm) _____ x \$20= _____


(12:30-6:00pm) _____ x \$34= _____

TOTAL FOR MONTH: \$ _____

IMPORTANT: If your child will attend a special activity, please specify on this calendar (e.g. Art, Tuesdays, 3:10-4:30; Choir, Thursdays, 3:10-4:30).

Note: Late fee for pick-up after 6:15 is one dollar per minute. Please pay the staff person waiting with your child.

NO CREDIT IS GIVEN FOR MISSED DAYS.

MONDAY 28) ____	TUESDAY 29) ____ 12:30 DISMISSAL 1 ST -8 th GRADE *BRING LUNCH	WEDNESDAY 30) ____	THURSDAY 31) ____ K 12:30 dismissal (*K bring lunch)	FRIDAY 1) ____ 12:30 DISMISSAL K-8 *BRING LUNCH
4) <u>X</u> NO SCHOOL	5) ____	6) ____	7) ____	8) ____
11) ____	12) ____	13) ____	14) ____	15) ____
18) ____	19) ____	20) ____	21) ____	22) ____ 12:30 DISMISSAL *BRING LUNCH
25) ____	26) ____	27) ____	28) ____	29) ____
				

Questions? salbertson@BlessedSacramentDC.org

Tax ID #: 53 0208375