

# BLESSED SACRAMENT

## AFTER CARE

### August/September

Child's Name/Grade:

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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) <u>  X  </u>  NO SCHOOL	TUESDAY 29) _____ 12:30 DISMISSAL 1 <sup>ST</sup> -8 <sup>TH</sup> 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](mailto:salbertson@BlessedSacramentDC.org)

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