

May/ June

BLESSED SACRAMENT AFTER CARE

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= _____

(12:30-6:15pm) _____ x \$34= _____

TOTAL FOR MONTH: \$ _____

IMPORTANT: If your child will attend a special activity, please specify on this calendar (e.g. Art, 3:15-4:15; Choir, 3:10-4:15).

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 1) _____	TUESDAY 2) _____	WEDNESDAY 3) _____	THURSDAY 4) _____	FRIDAY 5) _____ 12:30 Dismissal *Bring Lunch
8) _____	9) _____	10) _____	11) _____	12) _____
15) _____	16) _____	17) _____	18) _____	19) <u> X </u> FIELD DAY- NO AFTER CARE
22) _____	23) _____	24) _____	25) _____	26) _____
29) <u> X </u> NO SCHOOL	30) _____	31) _____	1) _____	2) _____
5) _____	6) _____	7) _____	8) _____	9) <u> X </u> LAST DAY OF SCHOOL- NO AFTER CARE!



Questions? Salbertson@BlessedSacramentDC.org

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