

# 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:**

(3:10-6:00pm) \_\_\_\_\_ x \$19= \_\_\_\_\_

**Number of Half Days (choose one):**

(12:30-3:10pm) \_\_\_\_\_ x \$19= \_\_\_\_\_


(12:30-6:00pm) \_\_\_\_\_ x \$32= \_\_\_\_\_

**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 6:00 is one dollar per minute. Please pay the staff person waiting with your child.

**NO CREDIT IS GIVEN FOR MISSED DAYS.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	31) _____ 12:30 DISMISSAL 1 <sup>ST</sup> -8 <sup>TH</sup> GRADE	1) _____	2) _____	3) _____
6) _____ NO SCHOOL	7) _____	8) _____	9) _____	10) _____
13) _____	14) _____	15) _____	16) _____	17) _____
20) _____	21) _____	22) _____	23) _____	24) _____ 12:30 DISMISSAL
27) _____	28) _____	29) _____	30) _____	
				

Questions? [ENortz@BlessedSacramentDC.org](mailto:ENortz@BlessedSacramentDC.org)

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