

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= _____

of late pymts _____ x \$25= _____

TOTAL FOR MONTH: \$ _____


IMPORTANT

*Payments received after the 2nd week of the month will be subject to a \$25.00 late fee.

*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.

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|--|--|--|---|--|
| MONDAY 27) <u> X </u> NO SCHOOL | TUESDAY 28) <u> X </u> NO SCHOOL | WEDNESDAY 29) _____ 12:30 DISMISSAL 1 ST -8 TH GRADE *BRING LUNCH | THURSDAY 30) _____ 12:30 DISMISSAL 1 ST -8 TH GRADE *BRING LUNCH | FRIDAY 31) _____ 12:30 DISMISSAL K-8 *BRING LUNCH |
| 3) <u> X </u> NO SCHOOL | 4) _____ | 5) _____ | 6) _____ | 7) _____ |
| 10) _____ | 11) _____ | 12) _____ | 13) _____ | 14) _____ |
| 17) _____ | 18) _____ | 19) _____ | 20) _____ | 21) _____ 12:30 DISMISSAL *BRING LUNCH |
| 24) _____ | 25) _____ | 26) _____ | 27) _____ | 28) _____ |
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Questions? salbertson@BlessedSacramentDC.org

Tax ID #: 53 0208375