

# March

# 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:**

(3:10-6:00pm) \_\_\_\_\_ 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 2<sup>nd</sup> 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.

\*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, SNOW DAYS, OR EMERGENCY CLOSINGS.**

MONDAY 2) _____	TUESDAY 3) _____	WEDNESDAY 4) _____	THURSDAY 5) _____	FRIDAY 6) _____ 12:30 DISMISSAL  *BRING LUNCH
9) <u>X</u>  NO SCHOOL	10) _____	11) _____	12) _____	13) _____
16) _____	17) _____	18) _____	19) _____	20) _____
23) _____	24) _____	25) _____	26) _____	27) _____ 12:30 DISMISSAL  *BRING LUNCH
30) _____	31) _____	1) _____	2) _____	3) _____

