

October

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 \$25= _____

Number of Half Days (choose one):

(12:30-3:10pm) _____ x \$25= _____

(12:30-6:00pm) _____ x40= _____

TOTAL FOR MONTH: \$ _____

IMPORTANT

For planning purposes, we ask that parents submit monthly calendars by the first week of each month.

Daily drops-in are accepted but will be charged \$30.

Note: Late fee for pick-up after 6pm is one dollar per minute. Please pay the staff person waiting with your child.

NO CREDIT IS GIVEN FOR MISSED DAYS.

MONDAY 4) _____	TUESDAY 5) _____	WEDNESDAY 6) _____	THURSDAY 7) _____	FRIDAY 8) _____
11) <u>X</u> NO SCHOOL	12) _____	13) _____	14) _____	15) _____
18) _____	19) _____	20) _____	21) _____	22) _____
25) _____	26) _____	27) _____	28) _____ 12:30 DISMISSAL *BRING LUNCH	29) <u>X</u> NO SCHOOL



Questions? SAIbertson@BlessedSacramentDC.org

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