

# November

# 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) \_\_\_\_\_ x \$40= \_\_\_\_\_

**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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1) _____	2) _____	3) _____	4) <u>  X  </u> 12:30 DISMISSAL- NO AFTER CARE DUE TO CONFERENCES	5) <u>  X  </u> 12:30 DISMISSAL- NO AFTER CARE DUE TO CONFERENCES
8) _____	5) _____	6) _____	7) _____	8) _____
15) _____	12) _____	13) _____	14) _____	15) _____
22) _____	23) <u>  X  </u> 12:30 DISMISSAL <b>NO AFTER CARE</b>	24) <u>  X  </u> NO SCHOOL	25) <u>  X  </u> NO SCHOOL	26) <u>  X  </u> NO SCHOOL
29) _____	30) _____	1) _____	2) _____	3) _____

