

February

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 31) _____	TUESDAY 1) _____	WEDNESDAY 2) _____	THURSDAY 3) _____	FRIDAY 4) _____
7) _____	8) _____	9) _____	10) _____	11) _____
14) _____	15) _____	16) _____	17) _____	18) _____
21) <u>X</u> NO SCHOOL	22) _____	23) _____	24) _____	25) _____
28) _____	1) _____	2) _____	3) _____	4) _____ 12:30 DISMISSAL *BRING LUNCH



Questions? Salbertson@BlessedSacramentDC.org

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