April

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.

BLESSED SACRAMENT

AFTER CARE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
28) ____	29) ____	30) ____	31) ____	1) ____
4) ____	5) ____	6) ____	7) ____	8) ____
11) ____	12) ____	13) _X__ 12:30 DISMISSAL	14) _X__	15) _X__
18) _X__	19) _X__	20) _X__	21) _X__	22) _X__
25) ____	26) ____	27) ____	28) ____	29) ____

Easter Vacation

Easter Vacation

Questions? SAlbertson@BlessedSacramentDC.org

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