May/June

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: $_____

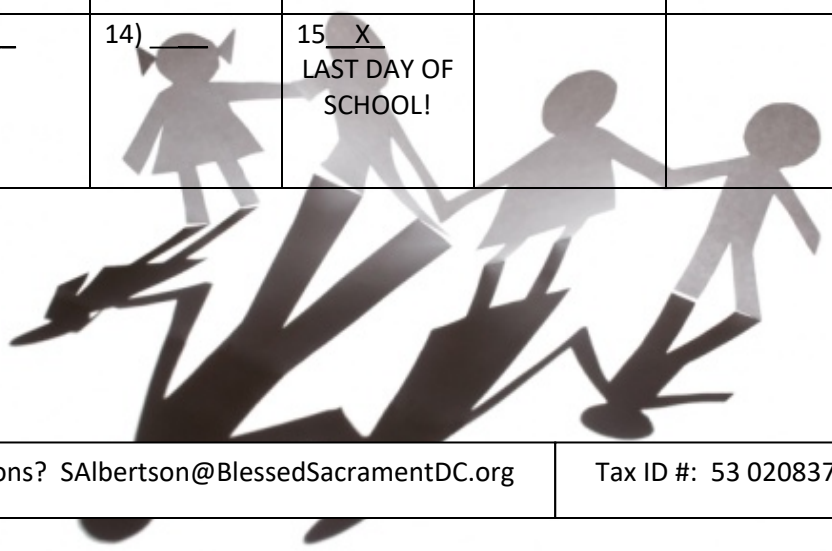
IMPORTANT:
For planning purposes, we ask that parents submit monthly calendars by the first week of each month.

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
2) ____	3) ____	4) ____	5) ____	6) ____
9) ____	10) ____	11) ____	12) ____	13) ____
16) ____	17) ____	18) ____	19) ____	20) ____
23) ____	24) ____	25) ____	26) ____	27) __X__ 12:30 DISMISSAL FIELD DAY
30) __X__ NO SCHOOL	31) ____	1) ____	2) ____	3) ____
6) ____	7) ____	8) ____	9) ____	10) ____
13) ____	14) ____	15__X__ LAST DAY OF SCHOOL!		



Questions? SAlbertson@BlessedSacramentDC.org

Tax ID #: 53 0208375