

# BLESSED SACRAMENT

## AFTER CARE

### February

Child's Name/Grade:

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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:**

(3:10-6pm) \_\_\_\_\_ x \$25= \_\_\_\_\_

**Number of Half Days (choose one):**

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

(12:30-5:00pm) \_\_\_\_\_ 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 Jan 29) ____	TUESDAY Jan 30) ____	WEDNESDAY Jan 31) ____	THURSDAY 1) ____	FRIDAY 2) ____ 12:30 Dismissal *Bring Lunch
5) ____	6) ____	7) ____	8) ____	9) ____
12) ____	13) ____	14) ____	15) ____	16) ____  12:30 Dismissal *Bring Lunch
19) <u>X</u>	20) ____	21) ____	22) ____	23) ____
<b>No School</b>				
26) ____	27) ____	28) ____	29) ____	Mar 1) ____
				

Questions? [salbertson@BlessedSacramentDC.org](mailto:salbertson@BlessedSacramentDC.org)

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