

BLESSED SACRAMENT

AFTER CARE

December

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:

(3:10-6pm) _____ 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 Nov 27) ____	TUESDAY Nov 28) ____	WEDNESDAY Nov 29) ____	THURSDAY Nov 30) ____	FRIDAY 1) ____
4) ____	5) ____	6) ____	7) ____	8) ____
11) ____	12) ____	13) ____	14) ____	15) ____
18) ____	19) ____	20) <u> X </u> NO AFTER CARE 12:30 Dismissal	21) <u> X </u> Christmas Vacation	22) <u> X </u>
25) <u> X </u>	26) <u> X </u>	27) <u> X </u>	28) <u> X </u>	29) <u> X </u>
Christmas Vacation				
				

Questions? salbertson@BlessedSacramentDC.org

Tax ID #: 53 0208375