

BLESSED SACRAMENT

AFTER CARE

March

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 Feb 26) ____	TUESDAY Feb 27) ____	WEDNESDAY Feb 28) ____	THURSDAY Feb 29) ____	FRIDAY 1) ____
4) ____	5) ____	6) ____	7) ____	8) <u>X</u> No School
11) ____	12) ____	13) ____	14) ____	15) ____
18) ____	19) ____	20) ____	21) ____	22) ____ 12:30 Dismissal *Bring Lunch
25) ____	26) ____	27) <u>X</u> 12:30 Dismissal	30) <u>X</u>	31) <u>X</u>
Easter Vacation				
				

Questions? salbertson@BlessedSacramentDC.org

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