

BLESSED SACRAMENT

AFTER CARE

January

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 29) <u> X </u>	TUESDAY 30) <u> X </u>	WEDNESDAY 31) <u> X </u>	THURSDAY 1) <u> X </u>	FRIDAY 2) <u> X </u>
Christmas Vacation				
5) _____	6) _____	7) _____	8) _____	9) _____
12) _____	13) _____	14) _____	15) _____	16) _____
19) <u> X </u>	20) _____	21) _____	22) _____	23) _____
No School				12:30 Dismissal *Bring Lunch
26) _____	27) _____	28) _____	29) _____	30) _____
				12:30 Dismissal *Bring Lunch
				

Questions? salbertson@BSDC.org

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