

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 \$30= _____

Number of Half Days (choose one):

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

(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 \$35.

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) <u>X</u> No School
9) _____	10) _____	11) _____	12) _____	13) _____
16) _____	17) _____	18) _____	19) _____	20) _____ 12:30 Dismissal *Bring Lunch
23) _____	24) _____	25) _____	26) _____	27) _____
30) _____	31) _____	1) <u>X</u> NO AFTER CARE 12:30 Dismissal	2) <u>X</u> EASTER VACATION	3) <u>X</u> EASTER VACATION
				

Questions? salbertson@BSDC.org

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