

BLESSED SACRAMENT

AFTER CARE

May/June

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.

Effective January 2025: After Care ends at 5pm on Fridays.

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
4) _____	5) _____	6) _____	7) _____	8) _____ 12:30 Dismissal *Bring Lunch
11) _____	12) _____	13) _____	14) _____	15) _____
18) _____	19) _____	20) _____	21) _____	22) <u>X</u> Field Day NO AFTER CARE
25) <u>X</u> No School	26) _____	27) _____	28) _____	29) _____
1) _____	2) _____	3) _____	4) _____	5) _____
8) _____	9) _____	10) _____	11) _____	12) <u>X</u> Last Day of School



Questions? salbertson@BSDC.org

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