

# BLESSED SACRAMENT

## AFTER CARE

### September

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 M-Th and 3:10:-5pm Fri)  
 \_\_\_\_\_ 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 \$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 August 25)	TUESDAY 26) <u>  X  </u> 1 <sup>st</sup> Day of school – No After Care	WEDNESDAY 27) <u>  X  </u> No After Care	THURSDAY 28) <u>  X  </u> No After Care	FRIDAY 29) <u>  X  </u> No After Care
1) <u>  X  </u>  No School	2) _____	3) _____	4) _____	5) _____
8) _____	9) _____	10) _____	11) _____	12 ) _____
15) _____	176 _____	17) _____	18) _____	19) _____
22) _____	23) _____	24) _____	25) _____	26) _____  12:30 Dismissal (Bring Lunch)
29) _____	30) _____	1) _____	2) _____	3) _____



Questions? [aftercare@BSDC.org](mailto:aftercare@BSDC.org)

Tax ID #: 53 0208375