

# 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<br>August 31)<br>X | TUESDAY<br>Sept 1) -<br>X<br>1 <sup>st</sup> Day of<br>school – No<br>After Care | WEDNESDAY<br>2) X | THURSDAY<br>3) X | FRIDAY<br>4) X                                   |
|---------------------------|----------------------------------------------------------------------------------|-------------------|------------------|--------------------------------------------------|
|                           |                                                                                  | No After Care     | No After Care    | No After Care                                    |
| 7) X<br>No School         | 8) _____                                                                         | 9) _____          | 10) _____        | 11) _____                                        |
| 14) _____                 | 15) _____                                                                        | 16) _____         | 17) _____        | 18 ) _____                                       |
| 21) _____                 | 22) _____                                                                        | 23) _____         | 24) _____        | 25) _____<br>12:30<br>Dismissal<br>(Bring Lunch) |
| 28) _____                 | 29) _____                                                                        | 30) _____         | Oct 1) _____     | 2) _____                                         |

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

Tax ID #: 53 0208375

