



## St. John the Baptist After School Care Program

Using the calendar below, please indicate which days you are planning to send your child to the After School Program. Include the approximate pick-up time for each day.

\*\*\*Your calendar w/dates/pick-up times **MUST** be turned in on the **FIRST** school day of the week. Failure to do so will result in a \$5 Late Fee Charge. Thank you!

\*\*If you are paying weekly rather than monthly, use a separate calendar for each week marking the days and approximate pick-up times.

Paying **WEEKLY** \_\_\_\_\_ Amount enclosed \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

Paying **MONTHLY** \_\_\_\_\_ Amount enclosed \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_

<b>January 2018</b>						
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
	<b>1</b> Happy New Year!	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b> No School	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>			<b>30</b>