



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.

**If Paying with cash Please enclose Payment in an envelope with Student's Name and Amt Paid

Paying **WEEKLY** _____ Amount enclosed _____ Ck# _____ Cash _____

Paying **MONTHLY** _____ Amount enclosed _____ Ck# _____ Cash _____

Child(ren) Name(s) _____

EMAIL ADDRESS _____

February 2019						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 NO SCHOOL	19 NO SCHOOL	20 NO SCHOOL	21 NO SCHOOL	22 NO SCHOOL	23
24	25	26	27	28		