



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) _____

October 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8 NO SCHOOL	9 NO SCHOOL	10	11	12	13
14	15	16	17	18 ½ DAY	19 NO SCHOOL	20
21	22	23	24	25	26	27
28	29	30	31 HALLOWEEN PARTY			