



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) _____

June 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 11am Dismissal *Bring lunch	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Last Day for ASCP (K-8) *PreK(4) 11am Dismissal	18 No School	19