



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) _____

February 2012

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

January 2012							March 2012						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	
8	9	10	11	12	13	14	4	5	6	7	8	9	10
15	16	17	18	19	20	21	11	12	13	14	15	16	17
22	23	24	25	26	27	28	18	19	20	21	22	23	24
29	30	31					25	26	27	28	29	30	31

1	2	3 11am Dismissal	4
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 W I	21 N T	22 E R	23 R E C	24 E S S	25
26	27	28	29			