

# BSC/ASC

# October 2020

| Sunday | Monday              | Tuesday | Wednesday | Thursday | Friday | Saturday  |
|--------|---------------------|---------|-----------|----------|--------|---|
|        |                     |         |           | 1        | 2      | 3   |
| 4      | 5                   | 6       | 7         | 8        | 9      | 10  |
| 11     | 12<br>School Closed | 13      | 14        | 15       | 16     | 17  |
| 18     | 19                  | 20      | 21        | 22       | 23     | 24  |
| 25     | 26                  | 27      | 28        | 29       | 30     | 31  |
|        |                     |         |           |          |        | Please make check or money order payable to: Weymouth Township School District or WTSD. |

Dear Parent – PLEASE CIRCLE and PUT EACH CHILD’S INITIALS for the days he/she will attend the program on the calendar above.

Complete and return this form with your payment by \_\_\_\_\_.

Indicate whether BEFORE or AFTER SCHOOL CARE:

|                                    | <u><b>BEFORE-SCHOOL CARE</b></u> | <u><b>AFTER-SCHOOL CARE</b></u> |
|------------------------------------|----------------------------------|---------------------------------|
| _____ Name of Child #1 Grade _____ | _____ days X \$5.00 = \$ _____   | _____ days X \$9.00 = \$ _____  |
| _____ Name of Child #2 Grade _____ | _____ days X \$5.00 = \$ _____   | _____ days X \$8.00 = \$ _____  |