

# BSC/ASC

# June 2021

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	19
20	21	22	23	24	25	26
27	28	29	30			
					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 = \$ _____