

# Wednesday Before School Care November 2015

Student(s) Name: \_\_\_\_\_

Place a check on the days you will need to use extended day and enclose a check for those days according to these rates:

Wednesday Only - \$4.00 per child/ per day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9 No school Teacher work day	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25 No school Teacher work day	26 No school Thanksgiving break	27 No school Thanksgiving break	28
29	30					

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees must be paid in advance to cover the days you have scheduled your child to attend extended day.

Please turn in form to office by **October 19, 2015.**