



Before & After School CARES Program for January, 2024

Name: _____ Grade: _____
 Name: _____ Grade: _____
 Name: _____ Grade: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 SCHOOL CLOSED	2 SCHOOL CLOSED	3 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	4 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	5 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	6
7	8 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	9 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	10 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	11 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	12 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	13
14	15 SCHOOL CLOSED	16 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	17 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	18 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	19 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	20
21	22 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	23 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	24 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	25 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	26 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	27
28	29 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	30 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	31 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM			

Please ✓ the times on the days your child will be with us. *Thank you!*

Early Drop Off ~ 7:00 to 8:00 AM

____ Days x \$12.00 = \$____ (1) Child ____ Days x \$20.00 = \$____ (2) Children ____ Days x \$25.00 = \$____ (3) Children
 ____ Monthly Drop Off = \$150.00 (1) Child ____ Monthly Drop Off = \$275.00 (2) Children ____ Monthly Drop Off = \$375.00 (3) Children

Pick-Up Before 4:30 PM

____ Days x \$16.00 = \$____ (1) Child ____ Days x \$27.00 = \$____ (2) Children ____ Days x \$38.00 = \$____ (3) Children
 ____ Monthly Pick-Up = \$185.00 (1) Child ____ Monthly Pick-Up = \$320.00 (2) Children ____ Monthly Pick-Up = \$450.00 (3) Children

Pick-Up Before 6:00 PM

____ Days x \$25.00 = \$____ (1) Child ____ Days x \$46.00 = \$____ (2) Children ____ Days x \$60.00 = \$____ (3) Children
 ____ Monthly Pick-Up = \$270.00 (1) Child ____ Monthly Pick-Up = \$475.00 (2) Children ____ Monthly Pick-Up = \$625.00 (3) Children

FORM DUE: 12-21-23

Parents Signature: _____