



Before & After School CARES Program for November, 2024

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

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 PARENT/TEACHER CONFERENCES NO SCHOOL	2
3	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 <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	7 <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	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
10	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 <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	14 <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	15 <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	16
17	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 <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	21 <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	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
24/ 30	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 NOON DISMISSAL NO CARES	28 Thanksgiving Break	29	

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 = \$155.00 (1) Child
 _____ Monthly Drop Off = \$285.00 (2) Children
 _____ Monthly Drop Off = \$385.00 (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 = \$190.00 (1) Child
 _____ Monthly Pick-Up = \$330.00 (2) Children
 _____ Monthly Pick-Up = \$460.00 (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 = \$275.00 (1) Child
 _____ Monthly Pick-Up = \$485.00 (2) Children
 _____ Monthly Pick-Up = \$635.00 (3) Children

FORM DUE: 10-23-24

Parents signature X

