

AFTER SCHOOL CHILD CARE PROGRAM

Student's Name _____ Grade _____ Teacher's Name _____

Please be advised payment for April will be due on **April 4, 2025**. Please indicate with a (X) on the calendar below which days your child/children will be attending. **Due to recent changes in the program, attendance for the program must be selected in advance and there are no refunds. Payment made by Check and/or Money Orders to the Bayonne Board of Education.**

You MUST Register for the HALF days by April 4, 2025. Food will need to be ordered.

****Abbreviated Days are only available for the students that register in advance.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4 PAYMENT DUE
7	8	9	10	11
14	15	16	17 ABBREVIATED SESSION @ LINCOLN COMMUNITY SCHOOL	18 NO SCHOOL
21 NO SCHOOL	22 NO SCHOOL	23 NO SCHOOL	24 NO SCHOOL	25 NO SCHOOL
28	29	30		

APRIL 2025

My child will attend ALL 15 regular scheduled school days AND 1 ABBREVIATED SESSIONS:

1 Child	2 Children	3+ Children
\$292	\$377	\$462

My child will attend ALL 18 regular scheduled school days TOTAL = _____

1 Child	2 Children	3+ Children
\$255	\$330	\$405

My child will attend _____ days x \$ _____ TOTAL= _____

1 Child	2 children	3+ children
\$17	\$22	\$27

*****ABBREVIATED SESSION COST PER DAY:**

1 Child	2 children	3+ children
\$20+\$17=\$37	\$25+\$22=\$47	\$30+\$27=\$57

URBAN LEAGUE DOES NOT COVER THE COST OF ABBREVIATED DAYS-CO PAYMENT AND ADDITIONAL FEE IS DUE

Parent's signature _____ Date _____