

# BEFORE 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 an (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 should be made by Check and/or Money Orders to the Bayonne Board of Education.**

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 16 Regular scheduled school days*: **TOTAL =** \_\_\_\_\_

1 Child	2 Children	3+ Children
\$144	\$224	\$288

My child will attend \_\_\_\_\_ days x \$ \_\_\_\_\_ **TOTAL=** \_\_\_\_\_

1 Child	2 children	3+ children
\$9	\$14	\$18

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_