

After School Child Care Program

Student's Name _____ Grade _____ Teacher Name _____

Please be advised payment for September will be due on September 8, 2023. 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.**

SEPTEMBER 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4	5	6	7	8 PAYMENT DUE
11 - FIRST DAY OF AFTERCARE	12	13	14	15
18	19	20	21	22
25	26	27	28	29

My child will attend *ALL 15 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

Parent's signature _____ Date _____