

After School Child Care Program

Student's Name _____ Grade _____ Teacher Name _____

Please be advised payment for October will be due on October 6, 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.**

OCTOBER 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6 PAYMENT DUE
9 COLUMBUS DAY NO SCHOOL	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31*ABBREVIATED SESSION			

My child will attend ALL 20 regular scheduled school days AND 1 ABBREVIATED SESSION:

TOTAL = _____

1 Child	2 Children	3+ Children
\$377	\$487	\$597

My child will attend ALL 20 regular scheduled school days TOTAL = _____

1 Child	2 Children	3+ Children
\$340	\$440	\$540

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

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

Parent's signature _____ Date _____