

# BEFORE SCHOOL CHILD CARE PROGRAM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Please be advised payment for December will be due on December 6, 2024.** 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
2	3	4	5	6 PAYMENT DUE
9	10	11	12 ABBREVIATED SESSION @YOUR HOME SCHOOL	13
16	17	18	19	20 ABBREVIATED SESSION @ LINCOLN COMMUNITY SCHOOL
23 NO SCHOOL	24 NO SCHOOL	25 NO SCHOOL	26 NO SCHOOL	27 NO SCHOOL
30 NO SCHOOL	31 NO SCHOOL			

## DECEMBER 2024

My child will attend *ALL 15 regular scheduled school days*: **TOTAL =** \_\_\_\_\_

1 Child	2 Children	3+ Children
\$135	\$210	\$270

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

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

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