

# Before School Child Care Program

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

**Please be advised payment for January will be due on January 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.**

## JANUARY 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>2 SCHOOL CLOSED</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6 PAYMENT DUE</b>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13 ABBREVIATED SESSION</b>
<b>16 SCHOOL CLOSED</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>30</b>	<b>31</b>			

My child will attend *ALL 20 regular scheduled school days*: **TOTAL =** \_\_\_\_\_

1 Child	2 Children	3+ Children
\$180	\$280	\$360

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

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

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