

After 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
2 SCHOOL CLOSED	3	4	5	6 PAYMENT DUE
9	10	11	12	13 ABBREVIATED SESSION
16 SCHOOL CLOSED	17	18	19	20
23	24	25	26	27
30	31			

My child will attend ALL 19 regular scheduled school days AND 1 ABBREVIATED SESSION:

TOTAL = _____

1 Child	2 Children	3+ Children
\$360	\$465	\$570

My child will attend ALL 19 regular scheduled school days TOTAL = _____

1 Child	2 Children	3+ Children
\$323	\$418	\$513

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

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

Parent's signature _____ Date _____