

# Before School Child Care Program

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

**Please be advised payment for February will be due on February 3, 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.**

## FEBRUARY 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	<b>3 PAYMENT DUE</b>
6	7	8	9	10
<b>13 NO SCHOOL STAFF TRAINING</b>	14	<b>15 ABBREVIATED SESSION</b>	16	<b>17 NO SCHOOL PRESIDENT WEEKEND</b>
<b>20 NO SCHOOL PRESIDENT WEEKEND</b>	21	22	23	24
27	28			

My child will attend *ALL 17 regular scheduled school days*: **TOTAL =** \_\_\_\_\_

1 Child	2 Children	3+ Children
\$153	\$238	\$306

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

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

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