

After 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	3 PAYMENT DUE
6	7	8	9	10
13 NO SCHOOL STAFF TRAINING	14	15 ABBREVIATED SESSION	16	17 NO SCHOOL PRESIDENT WEEKEND
20 NO SCHOOL PRESIDENT WEEKEND	21	22	23	24
27	28			

My child will attend ALL 16 regular scheduled school days AND 1 ABBREVIATED SESSION:

TOTAL = _____

1 Child	2 Children	3+ Children
\$309	\$399	\$489

My child will attend ALL 16 regular scheduled school days TOTAL = _____

1 Child	2 Children	3+ Children
\$272	\$352	\$432

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

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

Parent's signature _____ Date _____