

Before School Child Care Program

Student's Name _____ Grade _____ Teacher Name _____

Please be advised payment for September will be due on October 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.**

OCTOBER 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6 PAYMENT DUE
9 COLUMBUS DAY NO SCHOOL	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

My child will attend *ALL 21 regular scheduled school days*: **TOTAL =** _____

1 Child	2 Children	3+ Children
\$189	\$294	\$378

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

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

Parent's signature _____ Date _____