



Before & After School CARES Program for January, 2021

Name: _____ Grade: _____
 Name: _____ Grade: _____
 Name: _____ Grade: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	5 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	6 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	7 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	8 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	9
10	11 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	12 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	13 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	14 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	15 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	16
17	18 NO SCHOOL	19 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	20 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	21 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	22 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	23
24	25 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	26 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	27 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	28 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	29 <input type="checkbox"/> 7:00 to 8:00 AM <input type="checkbox"/> 3:15 to 4:30 PM <input type="checkbox"/> 3:15 to 6:00 PM	30

Please ✓ the times on the days your child will be with us. *Thank you!*

Early Drop Off ~ 7:00 to 8:00 AM

_____ Days x \$10.00 = \$_____ (1) Child
 _____ Days x \$18.00 = \$_____ (2) Children
 _____ Days x \$24.00 = \$_____ (3) Children
 _____ Monthly Drop Off = \$165.00 (1) Child
 _____ Monthly Drop Off = \$275.00 (2) Children
 _____ Monthly Drop Off = \$385.00 (3) Children

Pick-Up Before 4:30 PM

_____ Days x \$15.50 = \$_____ (1) Child
 _____ Days x \$26.00 = \$_____ (2) Children
 _____ Days x \$36.00 = \$_____ (3) Children
 _____ Monthly Pick-Up = \$175.00 (1) Child
 _____ Monthly Pick-Up = \$310.00 (2) Children
 _____ Monthly Pick-Up = \$440.00 (3) Children

Pick-Up Before 6:00 PM

_____ Days x \$24.50 = \$_____ (1) Child
 _____ Days x \$43.00 = \$_____ (2) Children
 _____ Days x \$59.00 = \$_____ (3) Children
 _____ Monthly Pick-Up = \$260.00 (1) Child
 _____ Monthly Pick-Up = \$460.00 (2) Children
 _____ Monthly Pick-Up = \$610.00 (3) Children

FORM DUE: 12-22-20