

Before School Care February

Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
8	9	10	11	12
15 <i>No School – Full Day Care Available</i>	16	17	18	19
22	23	24	25	26

Please check the days that your child will be staying in the calendar above. If your child will be staying all 19 days this month, just check here _____.

Name (s): _____ Teacher: _____ # Days _____

If form and payment is returned on or before January 27th x \$3.00
If form and payment is returned after January 27th x \$5.00

Amount Due _____
 Check Number _____
 Please send receipt

Thank you!
 Mrs. Whitehouse