

Before School Care March

Mon	Tue	Wed	Thu	Fri
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>
<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>

Please check the days that your child will be staying in the calendar above. If your child will be staying all 20 days this month, just check here _____.

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

If form and payment is returned on or before February 24th x \$3.00
If form and payment is returned after February 24th x \$5.00

Amount Due _____
 Check Number _____
 Please send receipt

Thank You!
 Mrs. Whitehouse