

Child's Name: _____

School: _____

August 2021

Monday	Tuesday	Wednesday	Thursday	Friday	
8/2 No School Extended Hours Not In Session	8/3 No School Extended Hours Not In Session	8/4 No School Extended Hours Not In Session	8/5 No School Extended Hours Not In Session	8/6 No School Extended Hours Not In Session	
8/9 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/10 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/11 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/12 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/13 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release	Total \$ for Week: \$ _____
8/16 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/17 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/18 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/19 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/20 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release *Reservation/Cancellation Deadline for Sep. 7 Full Day	Total \$ for Week: \$ _____
8/23 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/24 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/25 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/26 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/27 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release	Total \$ for Week: \$ _____
8/30 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8/31 <input type="checkbox"/> Before School <input type="checkbox"/> After School				Total \$ for Week: \$ _____

Please select days your child will be attending. Prepayment for week is due prior to attendance.