

Child's Name: _____

School: _____

October 2024

Monday	Tuesday	Wednesday	Thursday	Friday	
	10/1 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/2 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/3 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/4 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release	Total \$ for Week: \$ _____
10/7 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/8 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/9 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/10 No School In Session Full Day Reservations Required <small>Cancellation Deadline: Sep. 27</small>	10/11 No School In Session Full Day Reservations Required <small>Cancellation Deadline: Sep. 27</small>	Total \$ for Week: \$ _____
10/14 No School In Session Full Day Reservations Required <small>Cancellation Deadline: Sep. 27</small>	10/15 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/16 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/17 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/18 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release <small>*Reservation/Cancellation Deadline for Nov. 1 Full Day</small>	Total \$ for Week: \$ _____
10/21 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/22 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/23 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/24 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/25 <input type="checkbox"/> Before School <input type="checkbox"/> Early Release	Total \$ for Week: \$ _____
10/28 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/29 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/30 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10/31 <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.

