Child's Name: _____ **School: _____**

May 2027

Monday	Tuesday	Wednesday	Thursday	Friday	
					Total $ for Week: **$ _____**
5/3 ☐Before School ☐After School	**5/4** ☐Before School ☐After School	**5/5** ☐Before School ☐After School	**5/6** ☐Before School ☐After School	**5/7** ☐Before School ☐Early Release	**Total $ for Week:** **$ _____**
5/10 ☐Before School ☐After School	**5/11** ☐Before School ☐After School	**5/12** ☐Before School ☐After School	**5/13** ☐Before School ☐After School	**5/14** **No School In Session** **EXTENDED HOURS CLOSED**	**Total $ for Week:** **$ _____**
5/17 ☐Before School ☐After School	**5/18** ☐Before School ☐After School	**5/19** ☐Before School ☐After School	**5/20** ☐Before School ☐After School	**5/21** ☐Before School ☐Early Release	**Total $ for Week:** **$ _____**
5/24 ☐Before School ☐After School	**5/25 Last Day of School!** ☐Before School ☐After School				**Total $ for Week:** **$ _____**

***Please select days your child will be attending.**

Attendance may be prepaid or unpaid balances will be auto-charged at the end of each week.