

**Weymouth Township Elementary School
ASC/BSC Program 2024-2025**

MARCH 2024							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
2	3	4	5	6	7	8	
9	10	11	12	13 SINGLE SESSION	14 SCHOOL CLOSED	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

Dear Parent:

PLEASE CIRCLE and **PUT EACH CHILD'S INITIALS** for the days he/she will attend the program on the calendar above. Please indicate whether **BEFORE** or **AFTER-SCHOOL CARE**. Complete and return this form with your full payment by: _____.

REGULAR SCHOOL DAY SCHEDULE			
Name of Child #1	Grade	BEFORE-SCHOOL CARE	AFTER-SCHOOL CARE
		_____ days x \$6.00 = \$ _____ SINGLE SESSION →→→→→→→→→→	_____ days x \$10.00 = \$ _____ _____ days x \$15.00 = \$ _____
Name of Child #2	Grade	BEFORE-SCHOOL CARE	AFTER-SCHOOL CARE
		_____ days x \$5.00 = \$ _____ SINGLE SESSION →→→→→→→→→→	_____ days x \$ 9.00 = \$ _____ _____ days x \$14.00 = \$ _____
Name of Child #3	Grade	BEFORE-SCHOOL CARE	AFTER-SCHOOL CARE
		_____ days x \$5.00 = \$ _____ SINGLE SESSION →→→→→→→→→→	_____ days x \$ 9.00 = \$ _____ _____ days x \$14.00 = \$ _____

Total amount of check/money order = \$ _____

Please make check or money order payable to Weymouth Township School District or WTSD.

Thank you, Ms. Messina