

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

<b>JUNE 2025</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 SINGLE SESSION	17 SINGLE SESSION	18	19	20	21
22	23	24	25	26	27	28
29	30					

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**. Have a great summer!

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