

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

DECEMBER 2024							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20 SINGLE SESSION	21	
22	23 SCHOOL CLOSED	24 SCHOOL CLOSED	25 SCHOOL CLOSED	26 SCHOOL CLOSED	27 SCHOOL CLOSED	28	
29	30 SCHOOL CLOSED	31 SCHOOL CLOSED					

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, Mrs. Messina