

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

<b>APRIL 2024</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 SINGLE SESSION	18 SCHOOL CLOSED	19
20	21 SCHOOL CLOSED	22 SCHOOL CLOSED	23 SCHOOL CLOSED	24 SCHOOL CLOSED	25 SCHOOL CLOSED	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**. Complete and return this form with your full payment by: \_\_\_\_\_.

<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