

## Before Care & After Care Schedule

<b>May 2026</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	18	19	20	21	22	23
24/31	25 Memorial Day No School	26	27	28	29	30

PLEASE CIRCLE and PUT EACH CHILD'S INITIALS for the days  
he/she will attend the program on the calendar above.

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

Total amount of check/money order = \$ \_\_\_\_\_

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

Complete and return this form with your full payment by: \_\_\_\_\_.