

Before Care & After Care Schedule

March 2026						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13 Single Session	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

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

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: _____.