

Before Care & After Care Schedule

November 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6 NJEA Conv No School	7 NJEA Conv No School	8
9	10	11	12	13	14	15
16	17	18	19	20	21 Single Session	22
23/30	24 Single Session	25 Single Session	26 Single Session NO ASC	27 Thanksgiving Break No School	28 Thanksgiving Break No School	29

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 = \$ _____ (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: _____.