

## Before Care & After Care Schedule

<b>SEPTEMBER 2025</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 First Day	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 Single Session	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: \_\_\_\_\_.