

Before Care & After Care Schedule

OCTOBER 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10 Teacher In Service No School	11
12	13 Columbus Day No School	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 = \$ _____ (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: _____.