

AFTER SCHOOL CHILD CARE PROGRAM

Student's Name _____ Grade _____ Teacher's Name _____

Attendance for the program must be selected in advance and there are NO refunds. Payment should be made by Check and/or Money Orders to the Bayonne Board of Education by the 1st of the month.

You MUST Register for the HALF days by JUNE 1, 2026-YOU MUST PROVIDE YOUR OWN LUNCH & SNACK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 PAYMENT DUE	2	3	4	5
8	9	10 ABBREVIATED SESSION @ YOUR HOME SCHOOL	11 ABBREVIATED SESSION @ YOUR HOME SCHOOL	12 ABBREVIATED SESSION @ YOUR HOME SCHOOL
15 ABBREVIATED SESSION @ YOUR HOME SCHOOL	16 ABBREVIATED SESSION @ YOUR HOME SCHOOL	17 ABBREVIATED SESSION @ YOUR HOME SCHOOL	18 ABBREVIATED SESSION @ YOUR HOME SCHOOL	19 JUNETEENTH NO SCHOOL
22 NO AFTERCARE	23 NO AFTERCARE	24 NO AFTERCARE	25 NO AFTERCARE	26 *LAST DAY OF SCHOOL
29	30			

JUNE 2026

***The last day of AfterCare is June 18TH**

****Last day of school-June 26TH**

*****Abbreviated Days are only available for the students that register in advance.*****

My child will attend ALL 7 regular scheduled school days AND 7 ABBREVIATED SESSIONS:-

1 Child	2 Children	3+ Children
\$420	\$567	\$714

My child will attend ALL 7 regular scheduled school days TOTAL = _____

1 Child	2 Children	3+ Children
\$140	\$196	\$252

My child will attend _____ days x \$ _____ TOTAL= _____

1 Child	2 children	3+ children
\$20	\$28	\$36

URBAN LEAGUE DOES NOT COVER THE COST OF ABBREVIATED DAYS *ABBREVIATED SESSION COST PER DAY:**

1 Child	2 children	3+ children
\$20+\$20=40	\$25+\$28=\$53	\$30+\$36=\$66

Parent's signature _____ Date _____