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 September 4th, 2026

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2 FIRST DAY OF SCHOOL	3	4
7 NO SCHOOL	8 PAYMENT DUE FIRST DAY OF AFTERCARE	10	11	12
14	15	16	17	18 ABBREVIATED SESSION @ LINCOLN
21	22	23	24	25
28	29	30		

SEPTEMBER 2026

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

My child will attend *ALL 16 regular scheduled school days* AND 1 ABBREVIATED SESSIONS:-

1 Child	2 Children	3+ Children
$360	$501	$642

My child will attend *ALL 16 regular scheduled school days* TOTAL = _____

1 Child	2 Children	3+ Children
$320	$448	$576

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 _____