

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 October 1ST, 2026

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 PAYMENT DUE	2
5	6	7	8	9
12 NO SCHOOL	13	14	15	16
19	20	21	22	23
26	27	28	29	30 ABBREVIATED SESSION @ LINCOLN

OCTOBER 2026

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

My child will attend ALL 20 regular scheduled school days AND 1 ABBREVIATED SESSIONS:-

1 Child	2 Children	3+ Children
\$440	\$613	\$786

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

1 Child	2 Children	3+ Children
\$400	\$560	\$720

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 _____