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 November 2nd, 2026

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 PAYMENT DUE	3 NO SCHOOL	4 NO SCHOOL	5 NO SCHOOL	6 NO SCHOOL
9	10	11 NO SCHOOL	12	13
16	17	18	19	20
23	24	25 ABBREVIATED SESSION @ LINCOLN	26 NO SCHOOL	27 NO SCHOOL
30				

NOVEMBER 2026

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

My child will attend *ALL* *13 regular scheduled school days* AND 1 ABBREVIATED SESSIONS:-

1 Child	2 Children	3+ Children
$300	$417	$534

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

1 Child	2 Children	3+ Children
$260	$364	$468

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 _____