

# AFTER SCHOOL CHILD CARE PROGRAM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Please be advised payment for May will be due on **May 2, 2025**. Please indicate with a (X) on the calendar below which days your child/children will be attending. **Due to recent changes in the program, attendance for the program must be selected in advance and there are no refunds. Payment made by Check and/or Money Orders to the Bayonne Board of Education.**

**You MUST Register for the HALF days by May 2, 2025. Food will need to be ordered.**

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

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

## MAY 2025

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

1 Child	2 Children	3+ Children
\$377	\$487	\$597

My child will attend ALL 20 regular scheduled school days TOTAL = \_\_\_\_\_

1 Child	2 Children	3+ Children
\$340	\$440	\$540

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

1 Child	2 children	3+ children
\$17	\$22	\$27

**\*\*\*ABBREVIATED SESSION COST PER DAY:**

1 Child	2 children	3+ children
\$20+\$17=\$37	\$25+\$22=\$47	\$30+\$27=\$57

**URBAN LEAGUE DOES NOT COVER THE COST OF ABBREVIATED DAYS-CO PAYMENT AND ADDITIONAL FEE IS DUE**

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_