

BEFORE 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 an (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 should be made by Check and/or Money Orders to the Bayonne Board of Education.**

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 21 Regular scheduled school days*: **TOTAL =** _____

1 Child	2 Children	3+ Children
\$189	\$294	\$378

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

1 Child	2 children	3+ children
\$9	\$14	\$18

Parent's signature _____ Date _____