

~ October 2015 ~						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Homework Club 3:15-4:30pm After School Care Parent Pick Up	2 NO SCHOOL	3
4	5 Homework Club 3:15-4:30pm After School Care Parent Pick Up	6 Homework Club 3:15-4:30pm After School Care Parent Pick Up	7 Homework Club 3:15-4:30pm After School Care Parent Pick Up	8 Homework Club 3:15-4:30pm After School Care Parent Pick Up	9	10
11	12 NO School	13 Homework Club 3:15-4:30pm After School Care Parent Pick Up	14 Homework Club 3:15-4:30pm After School Care Parent Pick Up	15 Homework Club 3:15-4:30pm After School Care Parent Pick Up	16	17
18	19 Homework Club 3:15-4:30pm After School Care Parent Pick Up	20 Homework Club 3:15-4:30pm After School Care Parent Pick Up	21 Homework Club 3:15-4:30pm After School Care Parent Pick Up	22 Homework Club 3:15-4:30pm After School Care Parent Pick Up	23	24
25	26 Homework Club 3:15-4:30pm After School Care Parent Pick Up	27 Homework Club 3:15-4:30pm After School Care Parent Pick Up	28 Homework Club 3:15-4:30pm After School Care Parent Pick Up	29 Homework Club 3:15-4:30pm After School Care Parent Pick Up	30	31

Student Name: _____ Grade: _____

Number of Days of Attending (Mon - Thurs): _____ x \$12= _____ include a check payable to St. Joseph School for total fee.

Parent/Guardian Signature: _____ Phone Number: _____