Name: _____ Date: _____ Grade: _____

Please **circle** program{s}: **After Care (until 5:30 PM)** **Before Care (7:30 AM)** **Early Care (7:00 AM)**

Please record time and days your child will be attending the Extended Day Program. All children attending **must have an emergency form on file with the Extended Day Program.** For monthly discount, **payments are due with a calendar by the third of each month,** prior to attending.
The Extended Day phone number is **978-479-4542**, if you have any questions.

FEBRUARY, 2015

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10	11 **$4.00 cash for Pizza Lunch due to Miss Tricia**	12	13 **11:15 -11:30 AM Release**
16 **President's Day School Closed**>>	17 **WINTER** **>>>>>>>>>>>>>>**	18 **BREAK** **>>>>>>>>>>>>**	19 **>>>>>>>>>>>>**	20 **>>>>>>>>>>>>**
23	24	25	26	27