Monthly Paym	ents: (Please return e **-Half I	ntire sheet with pays Day \$40.00	tendance Payment She nent): \$20.00 a day for a child for early dismis UPK = \$380.00 –	1 child \$15.00 for additional sibling. sal days
First Week (October Payment Due				
Student's Name:			Grade:	
I request that my child	l attend After Schoo	I on the dates chec	ked below. Enclosed	please find the sum of: \$
□ Monday	□Tuesday	□Wednesd	ay 🗆 Thursday	** □ Friday
Parent's Signature:			Date:	
Second Week (Nover Payment Due: Nover		1)		
Student's Name:			Grade:	
I request that my child	l attend After Schoo	l on the dates chec	ked below. Enclosed	please find the sum of: \$
	□ Monday	□ Tuesday	□ Wednesday	□ Thursday
Parent's Signature:			Date:	
Third Week (Novem				
Student's Name:			Grade:	
I request that my child	l attend After Schoo	l on the dates chec	ked below. Enclosed	please find the sum of: \$
Parent's Signature:	-		ednesday □ Thu Date:	rsday □ Friday
Fourth Week (Nover				
	\Box N	Ionday 🗆 Tu	esday *□Wednesd	ay
Student's Na	ame:		Gra	nde:
				please find the sum of: \$
Parent's Signature:			Date:	