

December

St. ROBERT BELLARMINE

(PLEASE CHECK ONE PAYMENT OPTION)

_____ CHECK _____ CASH _____ FACTS ONLINE

AM 1 CHILD \$5.00

2+ CHILD \$4.00

PM 1 CHILD \$12.00

2+ CHILD \$11.00

AMOUNT DUE \$ _____

FAMILY NAME _____

2022

EMERGENCY CONTACT TELEPHONE _____

STUDENT NAME(S) _____

EXTENDED DAY PROGRAM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				Circle any that apply AM PM	Circle any that apply AM PM	
4	5	6	7	8	9	10
	Circle any that apply AM PM	Circle any that apply AM PM	2:00 PM Dismissal Circle any that apply AM PM	Circle any that apply AM PM	Circle any that apply AM PM	
11	12	13	14	15	16	17
	Circle any that apply AM PM	Circle any that apply AM PM	Circle any that apply AM PM	Circle any that apply AM PM	2:00 PM Dismissal Circle any that apply AM PM	
18	19	20	21	22	23	24
	NO SCHOOL	NO SCHOOL	NO SCHOOL	NO SCHOOL	NO SCHOOL	
25	26	27	28	29	30	31
	NO SCHOOL	NO SCHOOL	NO SCHOOL	NO SCHOOL	NO SCHOOL	