

January

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 _____

EMERGENCY CONTACT TELEPHONE _____

2023

STUDENT NAME(S) _____

EXTENDED DAY PROGRAM

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