

May

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 Circle any that apply AM PM	2 Circle any that apply AM PM	3 2:00 PM Dismissal Circle any that apply AM PM	4 Circle any that apply AM PM	5 Circle any that apply AM PM	6
7	8 Circle any that apply AM PM	9 Circle any that apply AM PM	10 Circle any that apply AM PM	11 Circle any that apply AM PM	12 NO SCHOOL	13
14	15 Circle any that apply AM PM	16 Circle any that apply AM PM	17 Circle any that apply AM PM	18 Circle any that apply AM PM	19 Circle any that apply AM PM	20
21	22 Circle any that apply AM PM	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
28	29 NO SCHOOL	30	31			