

AFTER CARE PROGRAM

"Your love, Lord, reaches to the heavens, your faithfulness to the skies." Psalm 36:5 NIV

September 2020

| September 2020 | | | | | | | October 2020 | | | | | | |
|----------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 27 | | | | | | | 22 | 23 | 24 | 25 | 26 | 27 | 28 |

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------|--------------------------|---|--------------------------|--------------------------|
| Aug 31 | Sep 1 | 2 | 3 | 4 |
| | | | | |
| 7 | 8 | 9 | 10 | 11 |
| | | | | |
| 14 | 15 | 16 | 17 | 18 |
| # of Hours (Hours) _____ | # of Hours (Hours) _____ | # of Hours (Hours) _____ | # of Hours (Hours) _____ | # of Hours (Hours) _____ |
| | | | | |
| 21 | 22 | 23 | 24 | 25 |
| # of Hours (Hours) _____ | # of Hours (Hours) _____ | NOON DISMISSAL NO AFTER CARE | # of Hours (Hours) _____ | # of Hours (Hours) _____ |
| | | | | |
| 28 | 29 | 30 | Oct 1 | 2 |
| SCHOOL, CLOSED | # of Hours (Hours) _____ | # of Hours (Hours) _____ | | |

Arrange By: Importance To-Do Bar

Please write the pick-up time on this calendar for each day you will be sending your child/children to the After Care Program. Add up your hours and use the information below to calculate your payment for this month.

1st child \$10 X _____ hours = \$ _____

2nd child \$5 X _____ days = \$ _____

Total Amount Enclosed \$ _____

We accept cash, checks, credit cards
Please make checks payable to:
Cornerstone Christian School

VERY IMPORTANT
If school is closed because of inclement weather, the After Care Program will also be CLOSED.

NAME _____

GRADE _____