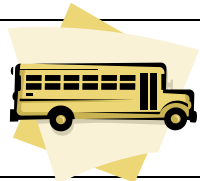


**CORNERSTONE CHRISTIAN SCHOOL**

*After School Program*

**SEPTEMBER 2017**

Please write in the pick-up time on this calendar for each day you will be sending your child/children to the After School Program.  
(Then add up your hours and use the table below to calculate your payment for this month.)

Monday	Tuesday	Wednesday	Thursday	Friday
		6	7	8
<b>After School Program begins on Monday</b>				
11 # of hours _____	12 # of hours _____	13 # of hours _____	14 # of hours _____	15 # of hours _____
18 # of hours _____	19 # of hours _____	20 # of hours _____	21 # of hours _____	22 # of hours _____
25 # of hours _____	26 # of hours _____	27 <b>NOON Dismissal NO After School Program</b>	28 # of hours _____	29 # of hours _____

1st child \$9 × \_\_\_\_\_ hours = \$ \_\_\_\_\_

+

2nd child \$5 × \_\_\_\_\_ days = \$ \_\_\_\_\_  
(\$5 is a flat fee for 2nd child per day)

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**Total Amount Enclosed = \$ \_\_\_\_\_**

**Wednesday, September 6, 2017**

Please pay cash or make checks payable to **Cornerstone Christian School** and write attention **CCS Afterschool** on your check.

**\*VERY IMPORTANT\***

If school is closed because of inclement weather, the After School Program **WILL** be **CLOSED** as well.

**Praise the LORD. Give THANKS to the LORD, for He is good; His mercy endures forever. Psalm 106:1**

**NAME** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

