

CCS AfterCare Calendar

STUDENT NAME _____

JUNE 2024

GRADE _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																				
					HOURS #	1																																																																																				
2	3 HOURS #	4 HOURS #	5 HOURS #	6 HOURS #	7 HOURS #	8																																																																																				
9	10 HOURS #	11 HOURS #	12 HOURS #	13 HOURS #	14 HOURS # LAST DAY FOR AFTERCARE	15																																																																																				
16 Father's Day	17	18	19 June teenth SCHOOL CLOSED	20	21	22																																																																																				
23	24 10:30am PICKUPS 11am DISMISSAL	25 10:30am PICKUPS 11am DISMISSAL	26 FINAL REPORT CARDS GO HOME 10:30 AM ALL STUDENT DISMISSAL	27	28	29																																																																																				
30	ALL STUDENTS EARLY DISMISSAL 11:30am Pick ups 12:00pm Busing NO AFTERCARE NO LUNCH SERVICE	<table border="1"> <thead> <tr> <th colspan="7">May 2024</th> <th colspan="7">July 2024</th> </tr> <tr> <th>Su</th><th>M</th><th>Tu</th><th>W</th><th>Th</th><th>F</th><th>Sa</th> <th>Su</th><th>M</th><th>Tu</th><th>W</th><th>Th</th><th>F</th><th>Sa</th> </tr> </thead> <tbody> <tr> <td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td> <td>4</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td> <td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td> </tr> <tr> <td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td> <td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td> </tr> <tr> <td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td> <td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td> </tr> </tbody> </table>				May 2024							July 2024							Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	5	6	7	8	9	10	11	4	7	8	9	10	11	12	12	13	14	15	16	17	18	14	15	16	17	18	19	20	19	20	21	22	23	24	25	21	22	23	24	25	26	27	26	27	28	29	30	31		28	29	30	31				TOTAL HOURS # _____
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						TOTAL AMOUNT DUE _____																																																																																				
						TOTAL AMOUNT PAID _____																																																																																				

Please Note: All Events are subject to change in order to maintain CCS guidelines and ensure safety.

CASH or CHECK ONLY