

CCS AfterCare Calendar

STUDENT NAME _____

APRIL 2024

GRADE _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																
	1 HOURS #	2 HOURS #	3 HOURS #	4 HOURS #	5 HOURS #	6																																																																																
7	8 HOURS #	9 HOURS #	10 HOURS #	11 ALL STUDENTS EARLY DISMISSAL **SEE BELOW**	12 HOURS #	13																																																																																
14	15 HOURS #	16 HOURS #	17 HOURS #	18 HOURS #	19 HOURS #	20																																																																																
21	22 HOURS #	23 HOURS #	24 HOURS #	25 HOURS #	26 HOURS #	27																																																																																
28	29 HOURS #	30 HOURS #																																																																																				
	ALL STUDENTS EARLY DISMISSAL 11:30am Pick ups 12:00pm Busing NO AFTERCARE NO LUNCH SERVICE	March 2024				May 2024				TOTAL HOURS # _____																																																																												
		<table border="1"> <thead> <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>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> </tr> <tr> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> </tr> <tr> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td></td> </tr> <tr> <td>31</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	3	4	5	6	7	8	9	5	6	7	8	9	10	11	10	11	12	13	14	15	16	12	13	14	15	16	17	18	17	18	19	20	21	22	23	19	20	21	22	23	24	25	24	25	26	27	28	29	30	26	27	28	29	30	31		31													
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24	25	26	27	28	29	30	26	27	28	29	30	31																																																																										
31																																																																																						
														TOTAL AMOUNT PAID _____																																																																								

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

CASH or CHECK ONLY