AFTERCARE REGISTRATION

SEPTEMBER 2018

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

Please circle the dates that your child/children will attend aftercare and submit this calendar with your payment to the main office.

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Total number of days attending this month:

Student #1: _____ x $16.00 = _____

Student #2: _____ x $16.00 = _____

Student #3: _____ x $16.00 = _____

Student #4 _____ x $16.00 = _____

Total _____

Parent(s) Name(s) _____

Parent(s) Phone #(s) _____

QUOGUE UFSD

PO BOX 957
QUOGUE, NY 11959

AFTERCARE REGISTRATION

OCTOBER 2018

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Please circle the dates that your child/children will attend aftercare and submit this calendar with your payment to the main office.

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Total number of days attending this month:

Student #1: _____ x $16.00 = _____

Student #2: _____ x $16.00 = _____

Student #3: _____ x $16.00 = _____

Student #4 _____ x $16.00 = _____

Total _____

Parent(s) Name(s) _____

Parent(s) Phone #(s) _____

QUOGUE UFSD

PO BOX 957
QUOGUE, NY 11959

AFTERCARE REGISTRATION

DECEMBER 2018

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Please circle the dates that your child/children will attend aftercare and submit this calendar with your payment to the main office.

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Total number of days attending this month:

Student #1: _____ x $16.00 = _____

Student #2: _____ x $16.00 = _____

Student #3: _____ x $16.00 = _____

Student #4 _____ x $16.00 = _____

Total _____

Parent(s) Name(s) _____

Parent(s) Phone #(s) _____

AFTERCARE REGISTRATION

January 2019

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Please circle the dates that your child/children will attend aftercare and submit this calendar with your payment to the main office.

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Total number of days attending this month:

Student #1: _____ x $16.00 = _____

Student #2: _____ x $16.00 = _____

Student #3: _____ x $16.00 = _____

Student #4 _____ x $16.00 = _____

Total _____

Parent(s) Name(s) _____

Parent(s) Phone #(s) _____