

QUOGUE UFSD

PO BOX 957

QUOGUE, NY 11959

AFTERCARE REGISTRATION

NOVEMBER 2018

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

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) _____