

QUOGUE UFSD

PO BOX 957
QUOGUE, NY 11959

AFTERCARE REGISTRATION

January 2020

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	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) _____

QUOGUE UFSD

PO BOX 957

QUOGUE, NY 11959

AFTERCARE REGISTRATION

FEBRUARY 2020

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

MARCH 2020

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
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

APRIL 2020

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
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) _____