AFTER CARE
September 2017

Family Name: _____

Children's Names: _____

Please mark the days you will need After Care and return this form to school by August 15th.

Sun	Mon	Tues	Wed	Thu	Fri	Sat
					1	2
3	4 Labor Day No School	5	6 First Day of School	7	8	9
10	11	12	13	14	15	16
17	18	19 No School Teacher Spirituality Day	20	21	22	23
24	25	26	27	28	29	30