

## AFTER CARE PROGRAM

*"Your love, Lord, reaches to the heavens, your faithfulness to the skies." Psalm 36:5 NIV*

# October 2021

October 2021						
Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2021						
Su	Mo	Tu	We	Th	Fr	Sa
7	1	2	3	4	5	6
14	8	9	10	11	12	13
21	15	16	17	18	19	20
28	22	23	24	25	26	27

	Monday	Tuesday	Wednesday	Thursday	Friday	To-Do Bar
Sep 27 - Oct 1	Sep 27	28	29	30	Oct 1	<p>Please write the pick-up time on this Calendar for each day you will be Sending your child/ children to the After Care Program. Add up your Hours and use the information Below to calculate your payment For this month.</p> <p>\$20 per hour per student x _____ hours = \$ _____</p> <p>Total Amount Enclosed \$ _____</p> <p>Payments can be made via credit card, Check, money order or FACTS Mgmt.</p> <p>Payable to: Cornerstone Christian School</p> <p><b>VERY IMPORTANT</b> If school is closed because of inclement weather, AfterCare Program will also be closed.</p>
					# of Hours (Horas) _____	
Oct 4 - 8	4	5	6	7	8	
	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	
Oct 11 - 15	11	12	13	14	15	
	# of Hours (Horas) _____ <b>SCHOOL CLOSED</b>	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	
Oct 18 - 22	18	19	20	21	22	
	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____ <b>SCHOOL CLOSED</b>	# of Hours (Horas) _____	
Oct 25 - 29	25	26	27	28	29	
	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	

NAME \_\_\_\_\_

GRADE \_\_\_\_\_