

AFTER CARE PROGRAM

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

June 2022

June 2022						
Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	1	2	3	4
12	13	14	8	9	10	11
19	20	21	15	16	17	18
26	27	28	22	23	24	25
			29	30		

July 2022						
Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	1	2
10	11	12	13	14	8	9
17	18	19	20	21	15	16
24	25	26	27	28	22	23
31					29	30

	Monday	Tuesday	Wednesday	Thursday	Friday
	May 30	31	Jun 1	2	3
May 30 - Jun 3			# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____
	6	7	8	9	10
Jun 6 - 10	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____
	13	14	15	16	17
Jun 13 - 17	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____ <i>LAST DAY of DAY After Care</i>	# of Hours (Horas) _____
	20	21	22	23	24
Jun 20 - 24	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____
	27	28	29	30	Jul 1
Jun 27 - Jul 1	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	# of Hours (Horas) _____	

To-Do Bar

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.

\$20 per hour per student
x _____ hours =
\$ _____

Total Amount Enclosed
\$ _____

Payments can be made via credit card, Check, money order or FACTS Mgmt.

Payable to: Cornerstone Christian School

VERY IMPORTANT
If school is closed because of inclement weather, AfterCare Program will also be closed.

NAME _____

GRADE _____