

## St. Rose AfterCare Form

Name: Sample

Grade: \_\_\_\_\_

9/10-14	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare		x		x	
Comments		Grandmom will pick up.			

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

9/10-14	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

9/17-21	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

9/24-28	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

10/1-5	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					