

St. Rose AfterCare Form

Name: Sample

Grade: _____

9/1-5	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare		x		x	
Comments		Grandmom will pick up.			

Name: _____

Grade: _____

9/10-11	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare	NO EXTRACARE AVAILABLE				
Comments					

Name: _____

Grade: _____

9/14-18	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare	AfterCare Begins				
Comments					

Name: _____

Grade: _____

9/21-25	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					

Name: _____

Grade: _____

9/28-10/2	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					Half Day
Comments					