



**For Office Use Only**

Cash/Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**LUNCH BUNCH**

March 1<sup>st</sup> – March 31<sup>st</sup>

**Please complete the form below to allow us to plan for your child's Lunch Bunch Schedule.  
Please note that the program requires advance payment.**

**Child's Name** \_\_\_\_\_

Step 1: On the calendar below, mark and "X" over each Day that you plan to use the Lunch Bunch option.  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of Lunch Bunch days. Total Days \_\_\_\_\_

Step 3: Multiply the total days times \$10 per day. x \$10.00

**Total Due \$ \_\_\_\_\_ .00**

<b>March 2017</b>						
<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	



**For Office Use Only**

Cash/Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**LUNCH BUNCH & AFTER SCHOOL**

March 1<sup>st</sup> – March 31<sup>st</sup>

Please complete the form below to allow us to plan for your child's Lunch Bunch & After School Schedule. Please note that the program requires advance payment.

Child's Name \_\_\_\_\_

Step 1: On the calendar below, mark and "X" over each Day that you plan to use the Lunch Bunch & After School option.  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of Lunch Bunch & After School days. Total Days \_\_\_\_\_

Step 3: Multiply the total days times \$25 per day. x \$25.00

**Total Due \$ \_\_\_\_\_ .00**

March 2017						
S	M	T	W	T	F	S
			1	2	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	



<b>For Office Use Only</b>	
Cash/Check # _____	_____
Date _____	_____
Amount \$ _____	_____

**Further Extended Hours**  
 March 1<sup>st</sup> – March 31<sup>st</sup>

**Please complete the form below to allow us to plan for your child's Further Extended Hours School Schedule.**  
**Please note that the program requires advance payment.**

Child's Name \_\_\_\_\_

Step 1: If utilizing the further extended hours, please fill in the morning drop off and pick up times on the calendar below. Outside of school day hours, 8:30am to 2:30pm, the following drop off and pick up times are available.  
**Drop off:** 7:00am, 7:30am, 8:00am  
**Pick Up:** 3:00pm, 3:30pm, 4:00pm  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of hours. Total Hours \_\_\_\_\_

Step 3: Multiply the total hours by \$10 per hour. x \$10.00

**Total Due \$ \_\_\_\_\_ .00**

<b>March 2017</b>						
<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
			1 AM _____ PM _____	2 AM _____ PM _____	3 AM _____ PM _____	4
5	6 AM _____ PM _____	7 AM _____ PM _____	8 AM _____ PM _____	9 AM _____ PM _____	10	11
12	13 AM _____ PM _____	14 AM _____ PM _____	15 AM _____ PM _____	16 AM _____ PM _____	17 AM _____ PM _____	18
19	20 AM _____ PM _____	21 AM _____ PM _____	22 AM _____ PM _____	23 AM _____ PM _____	24 AM _____ PM _____	25
26	27 AM _____ PM _____	28 AM _____ PM _____	29 AM _____ PM _____	30 AM _____ PM _____	31 AM _____ PM _____	