For Office Use Only

Cash/Check #_____
Date _____
Amount $_____

THEOPHANY SCHOOL

LUNCH BUNCH & AFTER SCHOOL PROGRAM

December 7th – January 8th

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_____

Step1: On the calendar below, mark an "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 $17.50 per day. x $17.50

Total Due $_____.

December 2009						
S	**M**	**T**	**W**	**T**	**F**	**S**
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	1	2
3	**4**	**5**	6	**7**	**8**	9