For Office Use Only

Cash/Check #_____
Date _____
Amount $_____

THEOPHANY SCHOOL

LUNCH BUNCH & AFTER SCHOOL PROGRAM

February 1st – February 26th

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 $_____.

February 2010						
S	**M**	**T**	**W**	**T**	**F**	**S**
31	**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						