



For Office Use Only

Cash/Check # _____

Date _____

Amount \$ _____

LUNCH BUNCH & AFTER SCHOOL PROGRAM

January 4th – January 29th

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 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 \$ _____.

January 2010						
S	M	T	W	T	F	S
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