For Office Use Only

Cash/Check #_____
Date _____
Amount $_____

THEOPHANY SCHOOL

LUNCH BUNCH & AFTER SCHOOL PROGRAM

November 2nd – December 4th

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 $_____.00

November 2009						
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**	**1**	**2**	3	**4**	5