**For Office Use Only**

Cash/Check #_____
Date _____
Amount $_____

THEOPHANY SCHOOL

# LUNCH BUNCH & AFTER SCHOOL PROGRAM

October 31st – December 2nd

**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 $20.00 per day. x $20.00

**Total Due $_____.00**

| November 2011 | | | | | | |
|---|---|---|---|---|---|---|
| **S** | **M** | **T** | **W** | **T** | **F** | **S** |
| 30 | **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** | **29** | **30** | **1** | **2** | 3 |