



For Office Use Only

Cash/Check # _____

Date _____

Amount \$ _____

LUNCH BUNCH & AFTER SCHOOL PROGRAM

October 3rd – October 28th

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 \$20.00 per day. x \$20.00

Total Due \$ _____ .00

October 2011						
S	M	T	W	T	F	S
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						