



**For Office Use Only**

Cash/Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**LUNCH BUNCH**

November 1<sup>st</sup> – November 30<sup>th</sup>

**Please complete the form below to allow us to plan for your child's Lunch Bunch Schedule.**

**Please note that the program requires advance payment.**

**Child's Name** \_\_\_\_\_

Step 1: On the calendar below, mark and "X" over each Day that you plan to use the Lunch Bunch option.  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of Lunch Bunch days. Total Days \_\_\_\_\_

Step 3: Multiply the total days times \$10 per day. x \$10.00

**Total Due \$ \_\_\_\_\_ .00**

<b>November 2016</b>						
<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>			



**For Office Use Only**

Cash/Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**LUNCH BUNCH & AFTER SCHOOL**

November 1<sup>st</sup> – November 30<sup>th</sup>

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 and "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 \$25 per day. x \$25.00

**Total Due \$ \_\_\_\_\_ .00**

November 2016						
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			



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Amount \$ _____	

**Further Extended Hours**  
November 1<sup>st</sup> – November 30<sup>th</sup>

**Please complete the form below to allow us to plan for your child's Further Extended Hours School Schedule.**  
**Please note that the program requires advance payment.**

Child's Name \_\_\_\_\_

Step 1: If utilizing the further extended hours, please fill in the morning drop off and pick up times on the calendar below. Outside of school day hours, 8:30am to 2:30pm, the following drop off and pick up times are available.  
**Drop off:** 7:00am, 7:30am, 8:00am  
**Pick Up:** 3:00pm, 3:30pm, 4:00pm  
**Note:** Shaded days are not available for the program.

Step 2: Total the number of hours. Total Hours \_\_\_\_\_

Step 3: Multiply the total hours by \$10 per half hour. x \$10.00

**Total Due \$ \_\_\_\_\_ .00**

<b>November 2016</b>						
<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
		1 AM _____ PM _____	2 AM _____ PM _____	3 AM _____ PM _____	4 AM _____ PM _____	5
6	7 AM _____ PM _____	8 AM _____ PM _____	9 AM _____ PM _____	10 AM _____ PM _____	11	12
13	14 AM _____ PM _____	15 AM _____ PM _____	16 AM _____ PM _____	17 AM _____ PM _____	18 AM _____ PM _____	19
20	21 AM _____ PM _____	22 AM _____ PM _____	23	24	25	26
27	28 AM _____ PM _____	29	30 AM _____ PM _____			