

For Office Use Only

Cash/Check # _____

Date _____

Amount \$ _____



LUNCH BUNCH & AFTER SCHOOL PROGRAM

April 5th – April 30th

**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 \$ _____.

April 2010						
S	M	T	W	T	F	S
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