

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle program: **After Care (until 4 PM or 5:30 PM)** (Before Care (7:30 AM) Early Care (7:00 AM))

Please record time and days your child will be attending the Extended Day Program. All children attending **must have an emergency form on file with the Extended Day Program**. For monthly discount, **payments are due with a calendar by the third of each month**, prior to attending. The Extended Day phone number is **978-479-4542**, if you have any questions.

**AUGUST-SEPTEMBER, 2016**

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>29</b>	<b>30</b>	<b>31</b>	<b>1</b>	<b>2</b>  No School
<b>5</b> <b>LABOR DAY</b> No School	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>
<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>