

Name \_\_\_\_\_ Date \_\_\_\_\_

Please record all the times and days your child will attend the extended day program. Total the number of hours for the month and use the most cost effective payment plan to make your payment. **All payments should be included with this form.** The extended day phone number is 978-479-4542, if you have any questions.

**August Extended Day Calendar**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>29</b> <b>Extended day</b> <b>begins</b> <b>1-8</b>	<b>30</b>	<b>31</b>		