

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.

Welcome Back!

September Extended Day Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2 No School
Monday	Tuesday	Wednesday	Thursday	Friday
5 No School	6 Pre-K and K begins	7	8	9
Monday	Tuesday	Wednesday	Thursday	Friday
12	13	14	15	16
Monday	Tuesday	Wednesday	Thursday	Friday
19	20	21	22	23
Monday	Tuesday	Wednesday	Thursday	Friday
26	27	28	29	30