

Name: _____ Date: _____ Grade: _____

Please circle program: Before Care Stay and Play After Care

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 Extended Day. All payments are due with calendar by the third of each month, prior to attending. Please note there are changes in fees for the 2011-2012 school year. The Extended Day phone number is 978-479-4542, if you have any questions.

OCTOBER 2011

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3	4	5	6	7 11:30 Dismissal Before Care only!
10 Columbus Day No School or Extended Day	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31	HAPPY	HALLOW	EEN!!	

