

# GROSS SCHECHTER DAY SCHOOL - AFTERCARE

November 2011

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please circle the days you require and tally the payment. Return this form to the school office. You will be billed at the end of every month.

If you wish to make this payment by credit card, please complete the following.

Name: \_\_\_\_\_

Credit Card:     (circle one)                    **Visa**                    **Master Card**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## November 2011

(Shaded areas denote day when school is a half day or **NOT** in session.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11 Staff in service	12
13	14	15	16	17	18	19
20	21	22	23      24      25      26 Thanksgiving break			
27	28 Parent Conferences	29	30			

Total # of days \_\_\_\_\_ Total payment @ \$20.00 per day \$ \_\_\_\_\_