

# SunRidge After Care Calendar

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

**February 2019**

Monday	Tuesday	Wednesday	Thursday	Friday	Hours
				1	_____Hrs
4	5	6	7 Early Release	8	_____Hrs
11	12	13	14 Early Release	15	_____Hrs
18 -----	19 <b>President's Week</b> ----	20 <b>No School</b> -----	21 -----	22 -----	_____Hrs
25	26	27	28 Early Release		_____Hrs

Total Hours: \_\_\_\_\_

Over Time: \_\_\_\_\_

Amount Due: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Check # or Cash

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Entered