

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

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

# June 2023

## SunRidge After Care Calendar

Please return Calendar WITH Payment to After Care or SunRidge Office before the 1st of the Month

Monday	Tuesday	Wednesday	Thursday	Friday	Hours
5	6	7	1 Early Release	2	_____ Hrs
			8 Early Release	9 Early Release & Last Day of School	_____ Hrs

Total Hours: \_\_\_\_\_ x \$8.00/hr: \_\_\_\_\_ = Amount Due: \_\_\_\_\_

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

\_\_\_\_\_  
Parent Phone Contact