

# SunRidge After Care Calendar

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

**March 2020**

| Monday | Tuesday | Wednesday | Thursday            | Friday   | Hours    |
|--------|---------|-----------|---------------------|--|----------|
| 2      | 3       | 4         | 5<br>Early Release  | 6  | _____Hrs |
| 9      | 10      | 11        | 12<br>Early Release | 13   | _____Hrs |
| 16     | 17      | 18        | 19<br>Early Release | 20   | _____Hrs |
| 23     | 24      | 25        | 26<br>Early Release | 27<br><b>Kinder Conf./PD<br/>Day No School</b> | _____Hrs |
|        |         |           |                     |  |          |

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

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

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

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

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

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Entered