

# SunRidge After Care Calendar

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

**November 2018**

Monday	Tuesday	Wednesday	Thursday	Friday	Hours
			1 Parent Teacher Conferences No School	2 Parent Teacher Conferences No School	_____Hrs
5	6	7	8 Early Release	9	_____Hrs
12 Veterans Day No School	13	14	15 Early Release	16	_____Hrs
19 -----	20 Thanksgiving Break	21 No School -----	22 -----	23 -----	_____Hrs
26	27	28	29 Early Release	30	_____Hrs

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

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

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

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

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

\_\_\_\_\_  
Entered