

Office Use Only: Name:

Credit: Grade:

Name: _____ Grade: _____

September 2019

SunRidge After Care Calendar

Monday	Tuesday	Wednesday	Thursday	Friday	Hours
2 Labor Day-----	3	4	Early Release 5	6	_____Hrs
9	10	11	Early Release 12	13	_____Hrs
16	17	18	19	20	_____Hrs
23	24	25	26	27	_____Hrs
30					_____Hrs

Total Hours: _____ x \$8.00/hr: _____ Arrears: _____ Amount Due: _____

Parent Signature

Check # or Cash

Amount

Entered

Notes: