



BA Student Calendar

DUE: April 20th

Child's Name: _____

May 2022

Monday	Tuesday	Wednesday	Thursday	Friday
2 B <input type="checkbox"/> A <input type="checkbox"/>	3 B <input type="checkbox"/> A <input type="checkbox"/>	4 B <input type="checkbox"/> A <input type="checkbox"/>	5 B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> (KL)	6 B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> (H & RR)
9 B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> (H)	10 B <input type="checkbox"/> A <input type="checkbox"/>	11 B <input type="checkbox"/> A <input type="checkbox"/>	12 B <input type="checkbox"/> A <input type="checkbox"/>	13 B <input type="checkbox"/> A <input type="checkbox"/>
16 B <input type="checkbox"/> A <input type="checkbox"/>	17 B <input type="checkbox"/> A <input type="checkbox"/>	18 B <input type="checkbox"/> A <input type="checkbox"/>	19 B <input type="checkbox"/> A <input type="checkbox"/>	20 B <input type="checkbox"/> A <input type="checkbox"/>
23 B <input type="checkbox"/> A <input type="checkbox"/>	24 B <input type="checkbox"/> A <input type="checkbox"/>	25 B <input type="checkbox"/> A <input type="checkbox"/> ER <input type="checkbox"/> (H, KL & RR)	26 B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> (H, KL & RR)	27 B <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> (H, KL & RR)
30 CLOSED HAPPY MEMORIAL DAY!	31 Summer Camp will be at our 14th Ave. location!!	Mark the school your child attends: Hutchinson <input type="checkbox"/> Golden View <input type="checkbox"/> Kendrick Lakes <input type="checkbox"/> Rooney Ranch <input type="checkbox"/>		

Payment Information

First Child (Younger Child)

Second Child (Older Child)

Before School _____ x \$13 = _____ After School _____ x \$15 = _____ Before & After _____ x \$25 = _____ Full Day _____ x \$40 = _____ Full Day/FT _____ x \$50 = _____ ER _____ x \$19.00 = _____	Before School _____ x \$11.70 = _____ After School _____ x \$13.50 = _____ Before & After _____ x \$22.50 = _____ Full Day _____ x \$36.00 = _____ Full Day/FT _____ x \$46.00 = _____ ER _____ x \$17.10 = _____
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Please Charge Card on File Card Number _____ or Check # _____

Late Calendar _____ Total Due _____

ADMIN ONLY:

Invoice Added _____ Paid _____ Recorded _____