

**2009-2010 SJA EXTENDED DAY PROGRAM**  
**PHONE: 630 963-9070 or 630-969-1452**

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

Homeroom: \_\_\_\_\_

Week of: \_\_\_\_\_

**DAYS**                      **3 HOURS or PARTIAL HOURS CHECK YOUR CHOICE**

|           |                 |                 |                 |
|-----------|-----------------|-----------------|-----------------|
| MONDAY    | _____ 2:15-3:15 | _____ 3:15-4:15 | _____ 4:15-5:15 |
| TUESDAY   | _____ 2:15-3:15 | _____ 3:15-4:15 | _____ 4:15-5:15 |
| WEDNESDAY | _____ 2:15-3:15 | _____ 3:15-4:15 | _____ 4:15-5:15 |
| THURSDAY  | _____ 2:15-3:15 | _____ 3:15-4:15 | _____ 4:15-5:15 |
| FRIDAY    | _____ 2:15-3:15 | _____ 3:15-4:15 | _____ 4:15-5:15 |

The Weekly payment should be paid by FRIDAY of the preceding week, or at least by MONDAY of the week that care needs to be provided.

**Monthly** pre-payments are due on the first of each month.

|          |         |
|----------|---------|
| AUG/SEPT | 26 DAYS |
| OCTOBER  | 20 DAYS |
| NOVEMBER | 15 DAYS |
| DECEMBER | 14 DAYS |
| JANUARY  | 19 DAYS |
| FEBRUARY | 18 DAYS |
| MARCH    | 18 DAYS |
| APRIL    | 19 DAYS |
| MAY/JUNE | 23 DAYS |

Please enclose your pre-payment and have your child return this slip to his/her homeroom teacher.

Amount of payment enclosed \_\_\_\_\_

**(NOTE: TOTAL # OF HOURS OR ANY PART THEREOF X \$4.00 PER HOUR.)**  
**If there is a change in schedule, please send one note to the teacher and one note to the office, attention of "Extended Day."**