



# Lopatcong Township Board of Education After-Care Program

## Monthly Participation Form

In order for the Lopatcong Township Board of Education After-Care Program to plan accordingly for staffing as well as activities we will need to know which days and times your child will be attending during each month our program operates. For example, Activity Zone, Girl Scouts, school related or other organization activity. Please note: Lopatcong After-Care program is not responsible for your child while they participate in these programs. Please fill this form out and return no later than the 25<sup>th</sup> of the month prior to attending. (I.e. October's schedule should be handed in on September 25<sup>th</sup>). Please submit to After-Care Director/Coordinator on or before the 25<sup>th</sup> of the prior month.

MONTH \_\_\_\_\_

Week # 1					
Please Circle:	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up Time:					

Week # 2					
Please Circle:	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up Time:					

Week # 3					
Please Circle:	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up Time					

Week # 4					
Please Circle:	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up Time:					

Week # 5					
Please Circle:	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up Time:					

Please list dates & times of any extracurricular activities your child will be participating in (i.e.: Activity Zone, Girl Scouts, school related or other organization activity).

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