

Please complete the information below and circle the dates your child will attend the before-school drop off program. Payment must be in the form of a check or money order made payable to the Chariho Regional School District.

September 2019				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
X	3	4	5	6
9	10	11	12	12
16	17	18	19	20
23	24	25	26	27
30				

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (please print) \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

**Total enclosed:**     \$ 3.50 (cost per day) x \_\_\_\_\_ (number of days) = \_\_\_\_\_

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October 2019				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	4
7	8	9	10	11
X	15	16	17	18
21	22	23	24	25
28	29	30	31	

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November 2019				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	PD
X	12	13	14	15
18	19	20	21	22
25	26	X	X	X

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December 2019				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
X	X	X	X	X
X	X			

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January 2020				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		X	2	3
6	7	8	9	10
13	14	15	16	17
X	21	22	23	24
27	28	29	30	31

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February 2020				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	X
X	18	19	20	21
24	25	26	27	28

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March 2020				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

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April 2020				
M	T	W	T	F
		1	2	3
6	7	8	9	X
13	14	15	16	17
X	X	X	X	X
27	28	29	30	

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May 2020				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
X	26	27	28	29

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June 2020				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24		

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**X= No School**

**June 15-24 Make-up days**