

Child or Children's Names: _____

August 2024

Mon	Tue	Wed	Thu	Fri
19 <i>Summer Day Camp Exclusive</i>	20 <i>Summer Day Camp Exclusive</i>	21 <i>Summer Day Camp Exclusive</i>	22 <input type="checkbox"/> Before School <input type="checkbox"/> After School	23 <input type="checkbox"/> Before School <input type="checkbox"/> After School
26 <input type="checkbox"/> Before School <input type="checkbox"/> After School	27 <input type="checkbox"/> Before School <input type="checkbox"/> After School	28 <input type="checkbox"/> Before School <input type="checkbox"/> After School	29 <input type="checkbox"/> Before School <input type="checkbox"/> After School	30 <input type="checkbox"/> Before School <input type="checkbox"/> After School

September 2024

Mon	Tue	Wed	Thu	Fri
2 <i>DHCC Closed</i>	3 <input type="checkbox"/> Before School <input type="checkbox"/> After School	4 <input type="checkbox"/> Before School <input type="checkbox"/> After School	5 <input type="checkbox"/> Before School <input type="checkbox"/> After School	6 <input type="checkbox"/> Before School <input type="checkbox"/> After School
9 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10 <input type="checkbox"/> Before School <input type="checkbox"/> After School	11 <input type="checkbox"/> Before School <input type="checkbox"/> After School	12 <input type="checkbox"/> Before School <input type="checkbox"/> After School	13 <input type="checkbox"/> Before School <input type="checkbox"/> After School
16 <input type="checkbox"/> Before School <input type="checkbox"/> After School	17 <input type="checkbox"/> Before School <input type="checkbox"/> After School	18 <input type="checkbox"/> Before School <input type="checkbox"/> After School	19 <input type="checkbox"/> Before School <input type="checkbox"/> After School	20 <input type="checkbox"/> Before School <input type="checkbox"/> After School
23 <input type="checkbox"/> Before School <input type="checkbox"/> After School	24 <input type="checkbox"/> Before School <input type="checkbox"/> After School	25 <input type="checkbox"/> Before School <input type="checkbox"/> After School	26 <input type="checkbox"/> Before School <input type="checkbox"/> After School	27 <input type="checkbox"/> Before School <input type="checkbox"/> After School
30 <input type="checkbox"/> Before School <input type="checkbox"/> After School				

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____
 # of Non-School/ Remote Learning Days ____ X \$20 per day = \$____
 Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

October 2024

Mon	Tue	Wed	Thu	Fri
	<i>1</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>2</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>3</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>4</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>7</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>8</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>9</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>10</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>11</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>14</i> <input type="checkbox"/> No School Day	<i>15</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>16</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>17</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>18</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>21</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>22</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>23</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>24</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>25</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>28</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>29</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>30</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>31</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$____

Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

November 2024

Mon	Tue	Wed	Thu	Fri
				<i>1</i> <input type="checkbox"/> No School Day
<i>4</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>5</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>6</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>7</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>8</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>11</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>12</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>13</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>14</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>15</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>18</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>19</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>20</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>21</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>22</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>25</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>26</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>27</i> <input type="checkbox"/> No School Day	<i>28</i> DHCC CLOSED	<i>29</i> DHCC CLOSED

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____
 # of Non-School/ Remote Learning Days ____ X \$20 per day = \$____
 Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

December 2024

Mon	Tue	Wed	Thu	Fri
2 <i>DHCC CLOSED</i>	3 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	4 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	5 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	6 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>
9 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	10 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	11 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	12 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	13 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>
16 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	17 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	18 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	19 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>	20 <input type="checkbox"/> <i>Before School</i> <input type="checkbox"/> <i>After School</i>
23 <input type="checkbox"/> <i>No School Day</i>	24 <i>DHCC Closed</i>	25 <i>DHCC Closed</i>	26 <input type="checkbox"/> <i>No School Day</i>	27 <input type="checkbox"/> <i>No School Day</i>
30 <input type="checkbox"/> <i>No School Day</i>	31 <i>DHCC CLOSED</i>			

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$____

Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

January 2025

Mon	Tue	Wed	Thu	Fri
		1 DHCC CLOSED	2 <input type="checkbox"/> No School Day	3 <input type="checkbox"/> No School Day (Snow Make Up Day)
6 <input type="checkbox"/> Before School <input type="checkbox"/> After School	7 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8 <input type="checkbox"/> Before School <input type="checkbox"/> After School	9 <input type="checkbox"/> Before School <input type="checkbox"/> After School	10 <input type="checkbox"/> Before School <input type="checkbox"/> After School
13 <input type="checkbox"/> Before School <input type="checkbox"/> After School	14 <input type="checkbox"/> Before School <input type="checkbox"/> After School	15 <input type="checkbox"/> Before School <input type="checkbox"/> After School	16 <input type="checkbox"/> Before School <input type="checkbox"/> After School	17 <input type="checkbox"/> Before School <input type="checkbox"/> After School
20 <input type="checkbox"/> No School Day	21 <input type="checkbox"/> No School Day	22 <input type="checkbox"/> Before School <input type="checkbox"/> After School	23 <input type="checkbox"/> Before School <input type="checkbox"/> After School	24 <input type="checkbox"/> Before School <input type="checkbox"/> After School
27 <input type="checkbox"/> Before School <input type="checkbox"/> After School	28 <input type="checkbox"/> Before School <input type="checkbox"/> After School	29 <input type="checkbox"/> Before School <input type="checkbox"/> After School	30 <input type="checkbox"/> Before School <input type="checkbox"/> After School	31 <input type="checkbox"/> Before School <input type="checkbox"/> After School

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____
 # of Non-School/ Remote Learning Days ____ X \$20 per day = \$____
 Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

February 2025

Mon	Tue	Wed	Thu	Fri
3 <input type="checkbox"/> Before School <input type="checkbox"/> After School	4 <input type="checkbox"/> Before School <input type="checkbox"/> After School	5 <input type="checkbox"/> Before School <input type="checkbox"/> After School	6 <input type="checkbox"/> Before School <input type="checkbox"/> After School	7 <input type="checkbox"/> Before School <input type="checkbox"/> After School
10 <input type="checkbox"/> Before School <input type="checkbox"/> After School	11 <input type="checkbox"/> Before School <input type="checkbox"/> After School	12 <input type="checkbox"/> Before School <input type="checkbox"/> After School	13 <input type="checkbox"/> Before School <input type="checkbox"/> After School	14 <input type="checkbox"/> No School Day (Snow Make Up Day)
17 <input type="checkbox"/> No School Day	18 <input type="checkbox"/> Before School <input type="checkbox"/> After School	19 <input type="checkbox"/> Before School <input type="checkbox"/> After School	20 <input type="checkbox"/> Before School <input type="checkbox"/> After School	21 <input type="checkbox"/> Before School <input type="checkbox"/> After School
24 <input type="checkbox"/> Before School <input type="checkbox"/> After School	25 <input type="checkbox"/> Before School <input type="checkbox"/> After School	26 <input type="checkbox"/> Before School <input type="checkbox"/> After School	27 <input type="checkbox"/> Before School <input type="checkbox"/> After School	28 <input type="checkbox"/> Before School <input type="checkbox"/> After School

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$____

Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

March 2025

Mon	Tue	Wed	Thu	Fri
3 <input type="checkbox"/> Before School <input type="checkbox"/> After School	4 <input type="checkbox"/> Before School <input type="checkbox"/> After School	5 <input type="checkbox"/> Before School <input type="checkbox"/> After School	6 <input type="checkbox"/> Before School <input type="checkbox"/> After School	7 <input type="checkbox"/> Before School <input type="checkbox"/> After School
10 <input type="checkbox"/> Before School <input type="checkbox"/> After School	11 <input type="checkbox"/> Before School <input type="checkbox"/> After School	12 <input type="checkbox"/> Before School <input type="checkbox"/> After School	13 <input type="checkbox"/> Before School <input type="checkbox"/> After School	14 <input type="checkbox"/> Before School <input type="checkbox"/> After School
17 <input type="checkbox"/> Before School <input type="checkbox"/> After School	18 <input type="checkbox"/> Before School <input type="checkbox"/> After School	19 <input type="checkbox"/> Before School <input type="checkbox"/> After School	20 <input type="checkbox"/> Before School <input type="checkbox"/> After School	21 <input type="checkbox"/> Before School <input type="checkbox"/> After School
24 <input type="checkbox"/> Before School <input type="checkbox"/> After School	25 <input type="checkbox"/> Before School <input type="checkbox"/> After School	26 <input type="checkbox"/> Before School <input type="checkbox"/> After School	27 <input type="checkbox"/> Before School <input type="checkbox"/> After School	28 <input type="checkbox"/> No School Day
31 <input type="checkbox"/> Before School <input type="checkbox"/> After School				

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$____

Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

April 2025

Mon	Tue	Wed	Thu	Fri
	<i>1</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>2</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>3</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>4</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>7</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>8</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>9</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>10</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>11</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>14</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>15</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>16</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>17</i> <input type="checkbox"/> No School Day (Snow Make Up Day)	<i>18</i> <input type="checkbox"/> No School Day
<i>21</i> <input type="checkbox"/> No School Day	<i>22</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>23</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>24</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>25</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School
<i>28</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>29</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School	<i>30</i> <input type="checkbox"/> Before School <input type="checkbox"/> After School		

Payment Calculator:

of Before School Days ____ X \$6 per day = \$____ # of After School Days ____ X \$6 per day = \$____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$____

Amount Paid: _____ Check Number: _____

Child or Children's Names: _____

May 2025

Mon	Tue	Wed	Thu	Fri
			1 <input type="checkbox"/> Before School <input type="checkbox"/> After School	2 <input type="checkbox"/> Before School <input type="checkbox"/> After School
5 <input type="checkbox"/> Before School <input type="checkbox"/> After School	6 <input type="checkbox"/> Before School <input type="checkbox"/> After School	7 <input type="checkbox"/> Before School <input type="checkbox"/> After School	8 <input type="checkbox"/> Before School <input type="checkbox"/> After School	9 <input type="checkbox"/> Before School <input type="checkbox"/> After School
12 <input type="checkbox"/> Before School <input type="checkbox"/> After School	13 <input type="checkbox"/> Before School <input type="checkbox"/> After School	14 <input type="checkbox"/> Before School <input type="checkbox"/> After School	15 <input type="checkbox"/> Before School <input type="checkbox"/> After School	16 <input type="checkbox"/> Before School <input type="checkbox"/> After School
19 <input type="checkbox"/> Before School <input type="checkbox"/> After School	20 <input type="checkbox"/> Before School <input type="checkbox"/> After School	21 <input type="checkbox"/> Before School <input type="checkbox"/> After School	22 <input type="checkbox"/> Before School <input type="checkbox"/> After School	23 <input type="checkbox"/> Before School <input type="checkbox"/> After School
26 DHCC CLOSED	27 <input type="checkbox"/> Before School <input type="checkbox"/> After School	28 <input type="checkbox"/> Before School <input type="checkbox"/> After School	29 <input type="checkbox"/> Before School <input type="checkbox"/> After School	30 <input type="checkbox"/> Before School <input type="checkbox"/> After School

June 2025

Mon	Tue	Wed	Thu	Fri
2 <input type="checkbox"/> Before School <input type="checkbox"/> After School	3 <input type="checkbox"/> Before School <input type="checkbox"/> After School	4 <input type="checkbox"/> Before School <input type="checkbox"/> After School	5 <input type="checkbox"/> Before School <input type="checkbox"/> After School (Half Day)	6 <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> No School Day

Payment Calculator:

of Before School Days ____ X \$6 per day = \$_____ # of After School Days ____ X \$6 per day = \$_____

of Non-School/ Remote Learning Days ____ X \$20 per day = \$_____

Amount Paid: _____ Check Number: _____