

Before Care Ticket

\$15 per day per child 8:00-9:00 AM

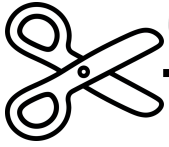
(please put this slip and the money in your child's folder)



Child's name: _____

Child's teacher: _____

Date(s): Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Amount included: _____



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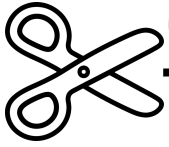
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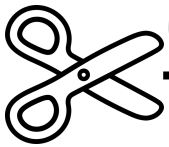
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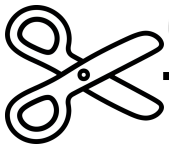
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After Care Ticket

\$15 per day per child 2:45-3:45 PM

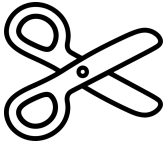
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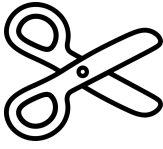
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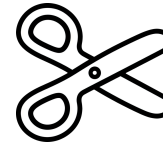
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