					formation below and circle the dates your child will attend the before-school drop off progr form of a <u>check or money order</u> made payable to the Chariho Regional School District.
August 2023					School Grade
<u>M</u> <u>T</u> <u>W</u> <u>Th</u> <u>F</u>			<u>Th</u>	<u>F</u>	Student's First Name Last Name
	1		NTO	25	Parent/Guardian (please print)
		so	DPD		
					Home Phone Cell Phone
					Emergency Contact (please print)
					Emergency Phone #
					Total enclosed: $$3.50 \text{ (cost per day) x } ___$ (number of days) = $___$
		ompl	lete the	e info	re and return this portion with your payment to the school office before the 1 st of the month. ormation below and circle the dates your child will attend the before-school drop off prog form of a check or money order made payable to the Chariho Regional School District.
			r 2023		School Grade
<u>M</u>	<u>T</u>	W	Th	<u>F</u>	Student's First Name Last Name
X	5	6	7	8	Parent/Guardian (please print)
1	12	13	14	15	
8	19	20	21	22	Home Phone Cell Phone
5	26	27	28	29	
					Emergency Contact (please print)
					Emergency Phone # (number of days) =
		ompl	lete the	e info	re and return this portion with your payment to the school office before the 1 st of the month. ormation below and circle the dates your child will attend the before-school drop off program of a check or money order made payable to the Chariho Regional School District. School Grade
	Oct	tober	2023		Student's First Name Last Name
<u> </u>	<u>T</u>	<u>w</u>	<u>Th</u>	<u>F</u>	Parent/Guardian (please print)
2	3	4	5	6	
X	10	11	12	13	
16	17	18	DPD	20	Home Phone Cell Phone
23	24	25	26	27	Emergency Contact (please print)
30	31				Emergency Phone #
					Total enclosed: \$ 3.50 (cost per day) x (number of days) =

Please detach here and return this portion with your payment to the school office before the 1^{st} of the month.

	Nove	mber	2023		Student's First Name Last Name
	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	Parent/Guardian (please print)
		1	2	3	(+
	7	8	9	10	
	14	15	16	17	Home Phone Cell Phone
	21	X	X	X	Emergency Contact (please print)
	28	29	30		Emergency Phone #
					Total enclosed: \$3.50 (cost per day) x (number of days) =
		Pleas	e deta	ach he	re and return this portion with your payment to the school office before the 1st of the mo
	_				
					ormation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Discourse in the Chariho Region R
	Dece	mber	2023		School Grade
<u>[</u>	<u>T</u>	W	<u>Th</u>	<u>F</u>	Student's First Name Last Name
				1	Parent/Guardian (please print)
	5	6	PD	8	
L	12	13	14	15	Home Phone Cell Phone
8	19	20	21	22	Emergency Contact (please print)
	T 7	X	X	X	Emergency Phone #
_	X				Total enclosed: \$ 3.50 (cost per day) x (number of days) =
	X				
X					re and return this portion with your payment to the school office before the 1st of the mo
le	ase c	ompl	ete th	ne info	re and return this portion with your payment to the school office before the 1 st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dis
le	ase comen	ompl	ete th	ne info	re and return this portion with your payment to the school office before the 1 st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dissection Grade
e	ase comen	ompl t mus	ete th	ne info	re and return this portion with your payment to the school office before the 1st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dissertion School Grade
le ay	ase comen	ompl t mus	ete th	e info	re and return this portion with your payment to the school office before the 1 st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dissection Grade
e	ase comen Jan <u>T</u>	omplet must	ete the st be i	ne info	re and return this portion with your payment to the school office before the 1st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dissertion School Grade
le	ase comen Jan T 2	omplet must uary W	ete the st be in 2024 Th 4	e info	re and return this portion with your payment to the school office before the 1st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dischool Grade
le ay	Jan T 2	omplet must uary W 3 10	ete the st be in 2024 Th 4	F 5	re and return this portion with your payment to the school office before the 1 st of the more remation below and circle the dates your child will attend the before-school drop of form of a check or money order made payable to the Chariho Regional School Dischool Grade

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. School _____ Grade ____ February 2024 Student's First Name

Last Name M T W \mathbf{F} Th Parent/Guardian (please print) 2 1 9 5 6 7 8 12 13 14 15 16 Home Phone _____ Cell Phone_____ X \mathbf{X} X X \mathbf{X} Emergency Contact (please print) 27 28 29 26 Emergency Phone # \$3.50 (cost per day) x_____ (number of days) = _____ **Total enclosed:** Please detach here and return this portion with your payment to the school office before the 1st of the month. 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. School _____ Grade ____ March 2024 Student's First Name _____ Last Name _____ M T <u>F</u> W Th Parent/Guardian (please print) 1 7 8 4 5 6 15 11 12 13 14 Home Phone _____ Cell Phone_____ 22 19 18 20 21 Emergency Contact (please print) X 25 26 27 28 Emergency Phone # $$3.50 (cost per day) x ____ (number of days) = ____$ **Total enclosed:** Please detach here and return this portion with your payment to the school office before the 1st of the month. 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. School _____ Grade ____ April 2024 Student's First Name

Last Name <u>M</u> <u>T</u> W Th F Parent/Guardian (please print) 5 1 **DPD** 3 4 12 9 10 11 X X X X X Home Phone _____ Cell Phone_____ 22 23 24 25 **26** Emergency Contact (please print) Emergency Phone # 29 **30**

Please detach here and return this portion with your payment to the school office before the 1st of the month.

Total enclosed:

3.50 (cost per day) x _____ (number of days) = _____

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. School _____ Grade ____ May 2024 Student's First Name

Last Name \mathbf{W} <u>M</u> $\underline{\mathbf{T}}$ <u>Th</u> \mathbf{F} Parent/Guardian (please print) 1 2 3 8 9 10 6 13 14 15 16 **17** Home Phone Cell Phone 22 23 20 21 24 Emergency Contact (please print) X 28 29 **30** 31 Emergency Phone # $$3.50 (cost per day) x ____ (number of days) = ____$ **Total enclosed:** Please detach here and return this portion with your payment to the school office before the 1st of the month. Please complete the information below and circle the dates your child will attend the before-school drop off program.

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 <u>check or money order</u> made payable to the Chariho Regional School District.

	June 2024					
<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>		
3	4	5	6	7		
10	11	12	13	14		
17	18	X	(20)	(21)		
(24)	(25)	(26)				

School	9	
Student's First Name	Last Name	
Parent/Guardian (please print)		
Home Phone	Cell Phone	
Emergency Contact (please print)		

Emergency Phone # ______ (number of days) = ______

Please detach here and return this portion with your payment to the school office before the 1st of the month.

X= No School

EARLY RELEASE DAYS

Total enclosed:

DPD= District Professional Development-No School for Students and Non-Certified Staff PD= Professional Development Day-Certified and Non-Certified Staff attend-No school for students.