

St. Rose AfterCare Form - October 2026



Name: _____

Grade: _____

9/6-10	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare	No School Labor Day	X	x	x	<i>1/2 Day</i> x
Comments		Grandma will pick up.			

Name: _____

Grade: _____

Oct 1-2	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					Half-Day
Comments					Noon Dismissal

Name: _____

Grade: _____

Oct 5-9	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					

Name: _____

Grade: _____

Oct 12-16	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare	No School!				
Comments	Columbus Day				

Name: _____

Grade: _____

Oct 19-23	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare	No School!				
Comments	Teacher In-Service				

Name: _____

Grade: _____

Oct 26-30	Monday	Tuesday	Wednesday	Thursday	Friday
Will Attend AfterCare					
Comments					