



AUGUST 2018 SUMMMER CARE

NAME _____

Parents: Please use this calendar to show **CHANGES** to the schedule and what your child is having for lunch. **Billing** changes need to be emailed to jgaspar@sfcss.org. Please circle :

H= School Lunch

C= Lunch from Home

REFUND POLICY:

Refunds available for full weeks only if notification is made in writing 15 days prior to the payment due date. Refund requests must be made in writing to jgaspar@sfcss.org or mailed to Accounts Receivable at 3100 W. 41st St., Sioux Falls, SD 57105.

No Refunds will be issued for any requests that do not

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
			H/C	H/C	H/C	
5	6	7	8	9	10 Last Day	
	H/C	H/C	H/C	H/C	H/C	