



JUNE 2018– SUMMER 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 follow these guidelines.*

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 H/C	2
3	4 H/C	5 H/C	6 H/C	7 H/C	8 H/C	9
10	11 H/C	12 H/C	13 H/C	14 H/C	15 H/C	16
17	18 H/C	19 H/C	20 H/C	21 H/C	22 H/C	23
24	25 H/C	26 H/C	27 H/C	28 H/C	29 H/C	30