## **SEPTEMBER 2025**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1		3 1st day of school K-8 Full Day	PreK - Half Day	5 PreK - Full Day Bonfire 6:30-8:00	(
7	8	9	10	11	12	1:
14	15	16	17	18	19	2(
21	22	23	24	25	26	21
28	29	30	31			3

Payment submitted with Calendar dates cash/ched	ck number ACH (automated de	duction) applied. Signature of person responsible for payment
X	Print Name:	Phone Number:

### **OCTOBER 2025**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10 NO SCHOOL	11
40	13	4.4	15	46	17	40
12	NO SCHOOL	14		16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
					Haif Day NO KIDS KARE	

Payment submitted with Calendar dat	es cash/check number F	ACH (automated deduction) applied. Signature of person responsible for payment
X	Print Name:	Phone Number:

### **NOVEMBER 2025**

Saturday	Friday	Thursday	Wednesday	Tuesday	Monday	Sunday
	7	6	5	4	3	2
1	14	13	12	11	10	9
					<u>.                                    </u>	
2	21	20	19	18	<b>17</b>	16
2	28	27	26	25	24	23
	BREAK	SGIVING I	THANK			
						30

Payment submitted with Calendar dates cash/check number	ACH (automated deduction) applied. Signature of person responsible for payment
XPrint Nam	e:Phone Number:

## **DECEMBER 2025**

Saturday	Friday	Thursday	Wednesday	Tuesday	Monday	Sunday
	5 No School – Parent/Teacher conferences		3	2	1	
1	12	11	10	9	8	7
			0		0	
2	19	18	17	16	15	14
	0		_			
2	26	25	24	23	22	21
		EAK	TMAS BR	CHRIST		
	2	1	31	30	29	28
		EAK	TMAS BR	CHRIS'		

Payment submitted with Calendar dates cash	n/check number	ACH (automated deduction) applied. Signature of person responsible for payment
X	Print Name:	Phone Number:

### **JANUARY 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				CHRIS BREAL	i I	
4	5	6	7	8	9	10
11	12	13	14	15	No School for PreK 3 & 4 Parent/Teacher conferences	17
18	19 NO SCHOOL MLK HOLIDAY	20	21	22	23	24
25	26	27	28	29	30	31

Payment submitted with Calendar dates cash/check number	ACH (automated deduction) applied. Signature of person responsible for payment
XPrint Nam	e:Phone Number:

## Homeroom#\_\_\_

# **FEBRUARY 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
		LEBI	RUARY	BREAK		
22	23	24	25	26	27	28

	Payment submitted with Calendar dates cash/check number		ACH (automated deduction) applied. Signature of person responsible for payment
X_	Print Name:	<del></del>	Phone Number:

### **MARCH 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	<b>10</b>	<b>11</b>	12	13 NO SCHOOL Teacher Prof.	14
15	16	17	18	19	Development 20	21
22	23	24	25	26	27	28
29	30	31				
30						

Payment submitted with Calendar dates cash/check number	ACH (automated deduction) applied. Signature of person responsible for payment
XPrint Nam	e:Phone Number:

## **APRIL 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
441111			1	2	3	4
				NO SCH	IOOL	
				EASTER	BREAK	
5	6	7	8	9	10	11
	N	IO SCHO	OL EAST	ER BREAI	K	
12	13	14	15	16	17	18
	0		<b>-</b>			
19	20	21	22	23	24	25
	0					
26	27	28	29	30		
	o o					
						· · · · · · · · · · · · · · · · · · ·

Payment submitted	with Calendar dates cash/check number	ACH (automated deduction) applied. Signature of person responsible for payment
X	Print Name:	Phone Number:

## **MAY 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8 Half Day – NO KIDS KARE	9
10	11	12	13	14	15	16
17	<b>18</b>	19	= 20	21	22	23
					NO SCHOOL	
24	<b>25</b>	NO SCHOOL	27	28	29	30
31						

Payment submitted with 0	Calendar dates cash/check number	ACH (automated deduction) applied.	Signature of person responsible for payment
X	Print Name:	Phone Nu	ımber:

## **JUNE 2026**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	<b>9</b>	ី 10	11	12 Prek 3 & 4 last day & family picnic	13
14	15 Field Day	16 Kindergarten Graduation	17	18 Last day of school – No	<b>19</b>	20
21	22	23	24	Kids Kare 25	26	27
28	29	30	31	1	2	3

Payment submitted with Calendar da	tes cash/check number	ACH (automated deduction) applied. Signature of person responsible for payment
X	Print Name:	Phone Number: