

OCTOBER 2026

ATTENDING SCHOOL:

School sites:
COMPASS
EIBER
SLATER

CHILDRENS NAMES:



ECE JEFFCO Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 10/5	Oct 5 Before: After:	Oct 6 Before: After:	Oct 7 Before: After:	Oct 8 Before: After:	Oct 9 Before: After:
WEEK OF: 10/12 10/12, 10/13-Comp, Eib, Slater no school	Oct 12 Full	Oct 13 Full	Oct 14 Before: After:	Oct 15 Before: After:	Oct 16 Before: After:
WEEK OF: 10/19	Oct 19 Before: After:	Oct 20 Before: After:	Oct 21 Before: After:	Oct 22 Before: After:	Oct 23 Before: After:
WEEK OF: 10/26	Oct 26 Before: After:	Oct 27 Before: After:	Oct 28 Before: After:	Oct 29 Before: After:	Oct 30 Before: After:

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after sessions you will need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of Before and After School sessions are correct below. Add number of children and confirm/add total.
3. Payment must accompany calendar to reserve spot.
4. Limited space available. **Payment is due by the Wednesday of the prior week**, however we do encourage earlier payments to secure a spot. Calendars are also required for CCAP families to reserve their space.
5. For Safety and tracking purposes, please inform Director of any care schedule changes. NO refunds or credits for unused care.

DUES CALCULATION: Before Care Sessions: _____X

After Care Sessions: _____X

Full day Care Sessions: _____X

Before:

After:

Subtotal:

X Number of Children=

****\$6/session (\$12/full day) drop-in fee applies to all payments/schedules not received by Wednesday for upcoming week.**

***Schedule and pay for care by the 25th of Sept and take 10% off your total!**

TOTAL DUE:

