

CHILDRENS NAMES:



BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 4/28 5/2 & 5/5 NO SCHOOL: CARE @ DEANE	APRIL 28 Before: After:	APRIL 29 Before: After:	APRIL 30 Before: After:	MAY 1 Before: After:	MAY 2 FULL
WEEK OF: 5/5 5/2,5/5 FULL DAY @ DEANE *NO B/A care	MAY 5 FULL	MAY 6 Before: After:	MAY 7 Before: After:	MAY 8 Before: After:	MAY 9 Before: After:
WEEK OF: 5/12	MAY 12 Before: After:	MAY 13 Before: After:	MAY 14 Before: After:	MAY 15 Before: After:	MAY 16 Before: After:
WEEK OF: 5/19	MAY 19 Before: After:	MAY 20 Before: After:	MAY 21 Before: After:	MAY 22 Before: After:	MAY 23 Before: After-ER:

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after/full day sessions you need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of 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 (in house): _____ X

Full day Care sessions (FT/OR): _____ X

Before:

After:

Subtotal:

X Number of Children=

TOTAL DUE:

****Spots reserved \$5/session (\$10/full day) drop-in fee applies to all payments/ schedules not received by Wednesday for upcoming week.**

