

CHILDRENS NAMES:



BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 11/27	Nov 27 Before: After:	Nov 28 Before: After:	Nov 29 Before: After:	Nov 30 Before: After:	Dec 1 Before: After:
WEEK OF: 12/4	Dec 4 Before: After:	Dec 5 Before: After:	Dec 6 Before: After:	Dec 7 Before: After:	Dec 8 Before: After:
WEEK OF: 12/11	Dec 11 Before: After:	Dec 12 Before: After:	Dec 13 Before: After:	Dec 14 Before: After:	Dec 15 Before: After:
WEEK OF: 12/18	Dec 18 Before: After:	Dec 19 Before: After:	Dec 20 Before: After:	Dec 21 Before: After:	Dec 22 Before: After:

HAPPY HOLIDAYS!

PLEASE SCHEDULE CAMP CARE ON CAMP TUITION CALENDAR

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after and full day sessions you will need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of Before and After School/full day 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 FT/OR: _____ X

Full day Care in house: _____ 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.**