

CHILDRENS NAMES:



COMPASS Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 4/1	APR 1 Before: After:	APR 2 Before: After:	APR 3 Before: After:	APR 4 Before: After:	APR 5 Before: After:
WEEK OF: 4/8	APR 8 Before: After:	APR 9 Before: After:	APR 10 Before: After:	APR 11 Before: After:	APR 12 Before: After:
WEEK OF: 4/15	APR 15 Before: After:	APR 16 Before: After:	APR 17 Before: After:	APR 18 Before: After:	APR 19 Before: After:
WEEK OF: 4/22	APR 22 Before: After:	APR 23 Before: After:	APR 24 Before: After:	APR 25 Before: After:	APR 26 FULL: 5+yrs

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.**