

CHILDRENS NAMES:



Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 8/12 FIRST DAY OF PROGRAM: 8/15 EIBER	Aug 12	Aug 13	Aug 14	Aug 15	Aug 16
	B/A FIRST DAY EIBER: 8/15 8/19 COMPASS		Before: After:	Before: After:	Before: After:
WEEK OF: 8/19 8/19-COMPASS FIRST DAY	Aug 19	Aug 20	Aug 21	Aug 22	Aug 23
	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 8/28 8/29, 8/30 EIBER NO SCHOOL NO CARE	Aug 26	Aug 27	Aug 28	Aug 29	Aug 30
	Before: After:	Before: After:	Before: After:	Before: After:	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

X Number of Children=

TOTAL DUE:

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

