

ATTENDING SCHOOL:

Doral Eiber Lumberg Patterson Rose Stein

School sites:

Deane

Slater

JEFFCO Before/After Tuition

| | <u>MONDAY</u> | TUESDAY | WEDNESDAY | <u>THURSD/</u> | <u> AY</u> | <u>RIDAY</u> | _ |
|--|---------------|---------|-----------|----------------|--------------------|--------------|------------------|
| WEEK OF: 4/29 | APR 29 | APR 30 | MAY 1 | MAY 2 | | MAY 3 | 1 |
| 5/2 STEIN NO CARE 5/3 STEIN, DEANE, | Before: | Before: | Before: | BOTOPO: | NO CARE Before: | FULL: | @ STEIN: PATT |
| PATT, SLATER @ STEIN | After: | After: | After: | | STEIN After: | | DEANE SLATER |
| WEEK OF: 5/6 | MAY 6 | MAY 7 | MAY 8 | MAY 9 | | MAY 10 |] |
| 5/6 SLATER NO CARE | Before: | Before: | Before: | Before: | Before: | | • |
| | RE After: | After: | After: | After: | After: | | |
| WEEK OF: 5/13 | MAY 13 | MAY 14 | MAY 15 | MAY 16 | | MAY 17 | |
| | Before: | Before: | Before: | Before: | Before: | | • |
| | After: | After: | After: | After: | After: | | |
| WEEK OF: 5/20 | MAY 20 | MAY 21 | MAY 22 | MAY 23 | | MAY 24 | |
| | Before: | Before: | Before: | Before: | Before: | LAST | DAY OF SCHOOL |
| | After: | After: | After: | After: | After: | | Y RELEASE |

STEPS FOR CARE CALCULATION:

- 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 | Before: | After: | |
| | Full day Care in house:X | Subtotal: | | |
| | | X Number of Childre | | |

TOTAL DUE: