CHILDRENS NAMES:



ATTENDING SCHOOL:

	MONDAY	TUESDAY	WEDNESDAY	<u>THURSDA</u>	Y FRIDAY
WEEK OF: 9/29	Sept 29	Sept 30	Oct 1	Oct 2	Oct 3
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 10/6	Oct 6	Oct 7	Oct 8	Oct 9	Oct 10
10/10, 10/13	Before:	Before:	Before:	Before:	FULL DAY @
All Jeffco FULL Day @ PATT/BK	After:	After:	After:	After:	
WEEK OF: 10/13	Oct 13	Oct 14	Oct 15	Oct 16	Oct 17
10/10, 10/13	FULL	Before:	Before:	Before:	Before:
All Jeffco FULL Day @ PATT/BK	DAY @	After:	After:	After:	After:
WEEK OF: 10/20	Oct 20	Oct 21	Oct 22	Oct 23	Oct 24
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 10/27	Oct 27	Oct 28	Oct 29	Oct 30	Oct 31
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	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.

	**Spots reserved \$6/session (\$12/	ies to all payments/	X Number of Children=	
ı	Full day Care Sessions:	x	Subtot	tal:
	After Care Sessions:	x	Before:	After:
DUES CALCULATIO	N: Before Care Sessions:	x		