

CHILDRENS NAMES:



JEFFCO SA Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 1/6 B/A PROGRAMMING RESUMES 1/7	JAN 6 SEE WB CALENDAR FOR 1/6 CARE	JAN 7 Before: After:	JAN 8 Before: After:	JAN 9 Before: After:	JAN 10 Before: After:
WEEK OF: 1/13	JAN 13 Before: After:	JAN 14 Before: After:	JAN 15 Before: After:	JAN 16 Before: After:	JAN 17 Before: After:
WEEK OF: 1/20	JAN 20 ALL PROGRAMS CLOSED 1/20	JAN 21 Before: After:	JAN 22 Before: After:	JAN 23 Before: After:	JAN 24 Before: After:
WEEK OF: 1/27	JAN 27 Before: After:	JAN 28 Before: After:	JAN 29 Before: After:	JAN 30 Before: After:	JAN 31 Before: After:

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after/full day sessions you need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of 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 (in house): _____ X Before: After:

Full day Care sessions (FT/OR): _____ X 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.**