

CHILDRENS NAMES:

Before/After Tuition



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK OF: 3/28	March 28 FULL:	March 29 B: A:	March 30 B: A:	March 31 B: A:	April 1 B: A:
WEEK OF: 4/4	April 4 Before: After:	April 5 Before: After:	April 6 Before: After:	April 7 Before: After:	April 8 Before: After:
WEEK OF: 4/11	April 11 Before: After:	April 12 Before: After:	April 13 Before: After:	April 14 Before: After:	April 15 Before: After:
WEEK OF: 4/18	April 18 Before: After:	April 19 Before: After:	April 20 Before: After:	April 21 Before: After:	April 22 Before: After:
WEEK OF: 4/25	April 25 Before: After:	April 26 Before: After:	April 27 Before: After:	April 28 Before: After:	April 29 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. Reduced tuition rate only given once proof of F/R status through school.
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

Before: After:

Subtotal:

X Number of Children=

TOTAL DUE:



*Must provide proof of Free/Reduced qualification to select \$1/session reduced tuition rate. Must be manually chosen- Standard rate is automatically selected.

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