

CHILDRENS NAMES:



Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 10/4	Oct 04	Oct 05	Oct 6	Oct 7	Oct 8
	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 10/11	Oct 11	Oct 12	Oct 13	Oct 14	Oct 15
NO SCHOOL 10/15	Before: After:	Before: After:	Before: After:	Before: After:	FULL DAY:
WEEK OF: 10/18	Oct 18	Oct 19	Oct 20	Oct 21	Oct 22
NO SCHOOL 10/18	FULL DAY:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 10/25	Oct 25	Oct 26	Oct 27	Oct 28	Oct 29
	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. 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.

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

