

# DECEMBER 2025

ATTENDING SCHOOL:

School sites:  
Deane  
Lumberg  
Patterson  
Rose Stein  
Slater

CHILDRENS NAMES:



## JEFFCO SA Before/After Tuition

|   | MONDAY                                 | TUESDAY                                | WEDNESDAY                                     | THURSDAY                                      | FRIDAY                                 |
|---|--|--|---|---|--|
| WEEK OF: 12/1<br>12/5- DEANE NO SCHOOL CARE @ DEANE 730a-5p | Dec 1<br>Before:<br>After:             | DEC 2<br>Before:<br>After:             | DEC 3<br>Before:<br>After:                    | DEC 4<br>Before:<br>After:                    | DEC 5<br>Before: FULL:<br>After:       |
| WEEK OF: 12/9<br>12/12 PATT NO SCHOOL CARE @ PATT 730a-5p   | DEC 8<br>Before:<br>After:             | DEC 9<br>Before:<br>After:             | DEC 10<br>Before:<br>After:                   | DEC 11<br>Before:<br>After:                   | DEC 12<br>Before: FULL:<br>After:      |
| WEEK OF: 12/16  | DEC 15<br>Before:<br>After:            | DEC 16<br>Before:<br>After:            | DEC 17<br>Before:<br>After:                   | Before: DEC 18<br>After:                      | DEC 19<br>Before:<br>After:            |
| WEEK OF: 12/22<br>CAMP FULL DAYS @ RMP-BK/PATT              | DEC 22<br>SEE CAMP CALENDAR TO SIGN UP | DEC 23<br>SEE CAMP CALENDAR TO SIGN UP | DEC 24<br>ALL PROGRAMS CLOSED 12/24 AND 12/25 | DEC 25<br>ALL PROGRAMS CLOSED 12/24 AND 12/25 | DEC 26<br>SEE CAMP CALENDAR TO SIGN UP |

### 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

Full day Care sessions (FT/OR): \_\_\_\_\_X

**\*\*Spots reserved \$6/session (\$12/full day) drop-in fee applies to all payments/ schedules not received by Wednesday for upcoming week.**

Before:

After:

Subtotal:

X Number of Children=

**TOTAL DUE:**

