

CHILDRENS NAMES:



## BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 4/29 <span style="color: cyan;">5/3 FULL DAY CARE AT STEIN</span>	APR 29 Before: After:	APR 30 Before: After:	MAY 1 Before: After:	MAY 2 Before: After:	MAY 3 FULL: @ STEIN:
WEEK OF: 5/6	MAY 6 TESTING DAY: NO CARE	MAY 7 Before: After:	MAY 8 Before: After:	MAY 9 Before: After:	MAY 10 Before: After:
WEEK OF: 5/13	MAY 13 Before: After:	MAY 14 Before: After:	MAY 15 Before: After:	MAY 16 Before: After:	MAY 17 Before: After:
WEEK OF: 5/20	MAY 20 Before: After:	MAY 21 Before: After:	MAY 22 Before: After:	MAY 23 Before: After:	MAY 24 Before: After: <span style="color: cyan;">LAST DAY OF SCHOOL EARLY RELEASE</span>

**STEPS FOR CARE CALCULATION:**

1. Enter 1 next to the before/after and full day sessions you will need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of Before and After School/full day 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 FT/OR: \_\_\_\_\_ X

Full day Care in house: \_\_\_\_\_ X

Before:

After:

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.**