

CHILDRENS NAMES:



ECE/DPS Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 10/30 11/1 COMPASS NO SCHOOL NO CARE	Oct 30 Before: After:	Oct 31 Before: After:	Nov 1 Before: After:	Nov 2 NO CARE COMPASS Before: After:	Nov 3 Before: After:
WEEK OF: 11/6	Nov 6 Before: After:	Nov 7 Before: After:	Nov 8 Before: After:	Nov 9 Before: After:	Nov 10 Before: After:
WEEK OF: 11/13	Nov 13 Before: After:	Nov 14 Before: After:	Nov 15 Before: After:	Nov 16 Before: After:	Nov 17 Before: After:
WEEK OF: 11/20 FULL Day CARE @ BK (3+YR) OR PATT (5+)	Nov 20 Full-FT: BREAK CAMP SITE:	Nov 21 Full	Nov 22 Full-OR	Nov 23 ALL PROGRAMS CLOSED DUE TO HOLIDAY	Nov 24 ALL PROGRAMS CLOSED DUE TO HOLIDAY

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.
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

Full day 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.**

