

CHILDRENS NAMES:



DPS/ECE/RMP Before/After Tuition

| | <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> |
|---|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------------|
| WEEK OF: 9/2 | Sept 02 NO PROGRAM | Sept 03 Before: After: | Sept 4 Before: After: | Sept 5 Before: After: | Sept 6 Before: After: |
| WEEK OF: 9/9 9/13 PROSPECT NO SCHOOL; NO CARE | Sept 9 Before: After: | Sept 10 Before: After: | Sept 11 Before: After: | Sept 12 Before: After: | Sept 13 Before: After: |
| WEEK OF: 9/16 9/20 NO SCHOOL COMP, EIB, RMP location TBD | Sept 16 Before: After: | Sept 17 Before: After: | Sept 18 Before: After: | Sept 19 Before: After: | Sept 20 Before: Full After: |
| WEEK OF: 9/23 9/27 PROSPECT NO SCHOOL; NO CARE | Sept 23 Before: After: | Sept 24 Before: After: | Sept 25 Before: After: | Sept 26 Before: After: | Sept 27 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.
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:

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

