

CHILDRENS NAMES:



RMP-BK

RMP-SW

## RMP Before/After Tuition

|                            | <u>MONDAY</u>       | <u>TUESDAY</u>    | <u>WEDNESDAY</u>  | <u>THURSDAY</u>   | <u>FRIDAY</u>     |
|----------------------------|---------------------|-------------------|-------------------|-------------------|-------------------|
| WEEK OF: 4/1               | APR 1               | APR 2             | APR 3             | APR 4             | APR 5             |
|                            | <b>SPRING BREAK</b> | Before:<br>After: | Before:<br>After: | Before:<br>After: | Before:<br>After: |
| WEEK OF: 4/8               | APR 8               | APR 9             | APR 10            | APR 11            | APR 12            |
|                            | Before:<br>After:   | Before:<br>After: | Before:<br>After: | Before:<br>After: | Before:<br>After: |
| WEEK OF: 4/15              | APR 15              | APR 16            | APR 17            | APR 18            | APR 19            |
| 4/19 FULL DAY:<br>@ RMP-SW | Before:<br>After:   | Before:<br>After: | Before:<br>After: | Before:<br>After: | FULL:<br>         |
| WEEK OF: 4/22              | APR 22              | APR 23            | APR 24            | APR 25            | APR 26            |
|                            | Before:<br>After:   | Before:<br>After: | Before:<br>After: | Before:<br>After: | Before:<br>After: |

**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.**