

CHILDRENS NAMES:



Eiber
Compass

JEFFCO ECE Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	
WEEK OF: 3/31	MAR 31	APRIL 1	APRIL 2	APRIL 3	APR 4	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
WEEK OF: 4/7	APR 7	APR 8	APR 9	APR 10	APR 11	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
WEEK OF: 4/14	APR 14	APR 15	APR 16	APR 17	APR 18	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
WEEK OF: 4/21	APR 21	APR 22	APR 23	APR 24	APR 25	FULL DAY:
4/25 EIBER FULL DAY @ STEIN	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	

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

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.**

