

CHILDRENS NAMES:



BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 2/3	FEB 3 Before: After:	FEB 4 Before: After:	Feb 5 Before: After:	FEB 6 Before: After:	FEB 7 Before: After:
WEEK OF: 2/10 FULL DAY PROGRAM 2/14	FEB 10 Before: After:	FEB 11 Before: After:	FEB 12 Before: After:	FEB 13 Before: After:	FEB 14 FULL DAY:
WEEK OF: 2/17	FEB 17 ALL PROGRAMS CLOSED 2/17	FEB 18 Before: After:	FEB 19 Before: After:	FEB 20 Before: After:	FEB 21 Before: After:
WEEK OF: 2/24	FEB 24 Before: After:	FEB 25 Before: After:	FEB 26 Before: After:	FEB 27 Before: After:	FEB 28 Before: 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

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.**

