

CHILDRENS NAMES:



## JEFFCO Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 11/27	Nov 27	Nov 28	Nov 29	Nov 30	Dec 1
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 12/4 <small>12/8 no school Deane, Patt, Lum Care at DEANE</small>	Dec 4	Dec 5	Dec 6	Dec 7	Dec 8
	Before:	Before:	Before:	Before:	FULL
	After:	After:	After:	After:	After:
WEEK OF: 12/11	Dec 11	Dec 12	Dec 13	Dec 14	Dec 15
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 12/18	Dec 18	Dec 19	Dec 20	Dec 21	Dec 22
	Before:	Before:	<b>HAPPY HOLIDAYS!</b>		
	After:	After:	<b>PLEASE SCHEDULE CAMP CARE ON CAMP TUITION CALENDAR</b>		

**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:**

