ATTENDING SCHOOL:

School sites: Deane Doral Eiber Lumberg Patterson **Rose Stein** Slater

CHILDRENS NAMES:



JEFFCO Before/After Tuition

	MONDAY	<u>TUESDAY</u>	WEDNESDAY	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 4/01	APR 1	APR 2	APR 3	APR 4	APR 5
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 4/8	APR 8	APR 9	APR 10	APR 11	APR 12
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 4/15	APR 15	APR 16	APR 17	APR 18	APR 19
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 4/22	APR 22	APR 23	APR 24	APR 25	APR 26
4/26 FULL DAY: @ Patterson	Before:	Before:	Before:	Before:	FULL:
	After:	After:	After:	After:	

STEPS FOR CARE CALCULATION:

April

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.

X

DUES CALCULATION: Before Care Sessions: _____

After Care Sessions: Χ After: Before: Full day Care FT/OR: _____ X Subtotal: Full day Care in house: _____ X Showers 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.