

CHILDRENS NAMES:



JEFFCO SA Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 3/3	MAR 3	MAR 4	MAR 5	MAR 6	MAR 7
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 3/10	MAR 10	MAR 11	MAR 12	MAR 13	MAR 14
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 3/17 SPRING BREAK CAMP @ STEIN	MAR 17	MAR 18	MAR 19	MAR 20	MAR 21
	Full: FT	Full	Full: FT	Full	Full: OR
WEEK OF: 3/24	MAR 24	MAR 25	MAR 26	MAR 27	MAR 28
	Full: OR	Before:	Before:	Before:	Before:
		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.**

