

CHILDRENS NAMES:



Bradford Before/After Tuition

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

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.**

