

CHILDRENS NAMES:



JEFFCO SA Before/After Tuition

| | <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> |
|--|-----------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| WEEK OF: 3/30 3/30 FULL DAY @ EIBER (ages 3+) | MAR 30 FULL DAY FT: | MAR 31 Before: After: | APRIL 1 Before: After: | APRIL 2 Before: After: | APR 3 Before: After: |
| WEEK OF: 4/6 | APR 6 Before: After: | APR 7 Before: After: | APR 8 Before: After: | APR 9 Before: After: | APR 10 Before: After: |
| WEEK OF: 4/13 | APR 13 Before: After: | APR 14 Before: After: | APR 15 Before: After: | APR 16 Before: After: | APR 17 Before: After: |
| WEEK OF: 4/20 4/24 FULL DAY @ LUMBERG (ages 5+) | APR 20 Before: After: | APR 21 Before: After: | APR 22 Before: After: | APR 23 Before: After: | APR 24 FULL DAY: |

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:
Full day Care sessions (FT/OR): _____ X Subtotal:
X Number of Children=

****Spots reserved \$6/session (\$12/full day) drop-in fee applies to all payments/ schedules not received by Wednesday for upcoming week.**

TOTAL DUE:

