

CHILDRENS NAMES:

Before/After Tuition



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK OF: 3/28	May 2 Before: After:	May 3 Before: After:	May 4 Before: After:	May 5 Before: After:	May 6 Before: After:
WEEK OF: 4/4	May 9 Before: After:	May 10 Before: After:	May 11 Before: After:	May 12 Before: After:	May 13 Before: After:
WEEK OF: 4/11	May 16 Before: After:	May 17 Before: After:	May 18 Before: After:	May 19 Before: After:	May 20 Before: After:
WEEK OF: 4/18	May 23 Before: After:	May 24 Before: After:	May 25 Before: After:	May 26 Before: After:	May 27 Before: After:
WEEK OF: 4/25	May 30 NO SCHOOL NO PROGRAM	May 31 Before: After:	June 1 Before: After:	June 2 Before: After:	June 3 Before: After:

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after sessions you will need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of Before and After School sessions are correct below. Add number of children and confirm/add total.
3. Payment must accompany calendar to reserve spot. Reduced tuition rate only given once proof of F/R status through school.
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: _____ X

Before:

After:

Subtotal:

X Number of Children=

TOTAL DUE:



*Must provide proof of Free/Reduced qualification to select \$1/session reduced tuition rate. Must be manually chosen- Standard rate is automatically selected.

****Spots reserved \$5/session (\$10/full day) drop-in fee applies to all payments/schedules not received by Wednesday for upcoming week.**