

FEBRUARY 2024

ATTENDING SCHOOL:

School sites:

CHILDRENS NAMES:



Deane

Doral

Eiber

Lumberg

Patterson

Rose Stein

Slater

JEFFCO Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 2/5	FEB 5	FEB 6	FEB 7	FEB 8	FEB 9
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 2/12	FEB 12	FEB 13	FEB 14	FEB 15	FEB 16
2/16 FULL DAY: Location TBD	Before:	Before:	Before:	Before:	FULL DAY:
	After:	After:	After:	After:	
WEEK OF: 2/19	FEB 19	FEB 20	FEB 21	FEB 22	FEB 23
	ALL PROGRAMS CLOSED	Before:	Before:	Before:	Before:
		After:	After:	After:	After:
WEEK OF: 2/26	FEB 26	FEB 27	FEB 28	FEB 29	MAR 1
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:

STEPS FOR CARE CALCULATION:

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.

DUES CALCULATION:

Before Care Sessions: _____ X

After Care Sessions: _____ X

Full day Care FT/OR: _____ X

Full day Care in house: _____ 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.**