

CHILDRENS NAMES:



DPS Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 8/15 8/16-19 Col, Den Care TBD	Aug 15 NO PROGRAM	Aug 16 Before: FULL: After:	Aug 17 Before: FULL: After:	Aug 18 Before: FULL: After:	Aug 19 Before: FULL: After:
WEEK OF: 8/22	Aug 22 Before: After:	Aug 23 Before: After:	Aug 24 Before: After:	Aug 25 Before: After:	Aug 26 Before: After:
WEEK OF: 8/29	Aug 29 Before: After:	Aug 30 Before: After:	Aug 31 Before: After:	Sept 1 Before: After:	Sept 2 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

X Number of Children=

TOTAL DUE:

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

