

JANUARY 2025

ATTENDING SCHOOL:

School sites:
BRADFORD

CHILDRENS NAMES:



BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 1/6	JAN 6	JAN 7	JAN 8	JAN 9	JAN 10
B/A PROGRAMMING RESUMES 1/7	SEE WB CALENDAR FOR 1/6 CARE	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 1/13	JAN 13	JAN 14	JAN 15	JAN 16	JAN 17
	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 1/20	JAN 20	JAN 21	JAN 22	JAN 23	JAN 24
	ALL PROGRAMS CLOSED 1/20	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 1/27	JAN 27	JAN 28	JAN 29	JAN 30	JAN 31
	Before: After:	Before: After:	Before: After:	Before: After:	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.

