

BRADFORD Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDA</u>	<u>Y </u>	<u>FRIDAY</u>
WEEK OF: 11/3	NOV 3	NOV 4	NOV 5	NOV 6	NOV 7
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 11/10	NOV 10	NOV 11	NOV 12	NOV 13	NOV 14
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 11/17	NOV 17	NOV 18	NOV 19	Before: NOV 20	NOV 21
	Before:	Before:	Before:	Delote.	Before:
	After:	After:	After:	After:	After:
WEEK OF: 11/25 CAMP FULL DAYS 11/24-11/26 @ RMP-BK	NOV 24	NOV 25	NOV 26	NOV 27	NOV 28
	Full: FT	Full			RAMS CLOSED
	CHOOSE CAMP LOCATION:			11/27 AND 11/28	

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.

schedules not received by Wednesday for upcoming week.

- 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 CALCULA	ATION: 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:	
	r un day ouro occosiono (r 17014).	X Number of Children=	
	**Spots reserved \$6/session (\$12/full day) drop-in fee applies to all payments/	TOTAL DUE:	