**CHILDRENS NAMES:**

AUGUST 2021



Before/After Tuition

**ATTENDING SCHOOL:**

# CIRCLE ONE

## Rose Stein Wilmore

**Davis**

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

### WEEK OF: 8/16

Aug 16 Aug 17 Aug 18

Aug 19 Aug 20

### 8/17 WD FULL DAY

**8/20 WD FULL DAY**

## NO PROGRAM

Before:

After:

Full:

Before:

After:

Before:

After:

Before:

After:

Full:

### WEEK OF: 8/23

Aug 23 Aug 24

Aug 25 Aug 26

Aug 27

Before:

Before:

Before:

Before:

Before:

After:

**After:**

**After:**

**After:**

**After:**

### WEEK OF: 8/30

Aug 30

Aug 31

Sept 1

Sept 2 Sept 3

Before:

Before:

**Before:**  **Before:**

Before:

After:

**After:**

**After:**

**After:**

**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

# $ 12

After Care Sessions: X

# $ 16

Full day Care Sessions:

**X** $ 40

**=** $ 0.00

Before:

Subtotal:

**After:**

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

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.

\*\*Spots reserved

