CHILDRENS NAMES:

ATTENDING SCHOOL:

# APRIL

**2021 B/A CARE**

# JEFFCO

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

WEEK OF: 4/5

Apr 5

**Before:**

Apr 6

Before:

Apr 7

Before:

April 8

Before:

Apr 9

Before:

B/A Care Needed:

WEEK OF:4/12

B/A Care Needed:

**After:**

Before: After:

April 12

After:

Before: After:

Apr 13

After:

Before: After:

Apr 14

After:

Apr 15

Before: After:

After:

Apr 16

Before:

After:

WEEK OF: 4/19

April 19

Apr 20 Apr 21 Apr 22 Apr 23

B/A CARE NEEDED:

Before:

 **After:**

April 26

Before:

After:

Apr 27

Before: After:

Apr 28

Before: After:

Apr 29

Before: After:

Apr 30

WEEK OF: 4/26

### B/A CARE

Before:

**Before:**

Before:

Before:

**FULL DAY @SLATER**

### NEEDED:

After:

After:

After:

**After:**

STEPS FOR CARE CALCULATION:

1. **Enter 1 next to the weeks you will need B/A care. Weekly rate covers all before and after care sessions each week and cannot be prorated. Also enter 1 next to the Full days you will need full day care (when there's no school at your home school).**
2. **Total the Number of B/a Weeks and Full days signing up for. Payment must accompany calendar to reserve spot.**
3. **Limited space available. Payment is due AT LEAST by the Wednesday prior to the upcoming week, but it is encouraged earlier in order to increase possibility of spot. Calendars are also required for CCAP families to reserve their space.**
4. **For Safety and tracking purposes, please also check each before/after session needed,**

and let Director know if those care needs change after calendar submittal.

DUES CALCULATION:

Number of B/A weeks: X

$ 100.00 **=**

$

## $

**Number of Full Days:**  **X** $ 40.00

## $

X Number of Children=

\*\*Spots reserved on first paid/scheduled basis. No spot is guaranteed until paid/confirmed.

\*\*WEEKLY RATE NOT PRORATED. DROP-INS NOT AVAILABLE AT THIS TIME.\*\*

**TOTAL DUE:**

## $