

AUGUST 2021

ATTENDING SCHOOL:

School sites:
Deane
Molholm
Slater
Thomson

CHILDRENS NAMES:



Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 8/16	Aug 16	Aug 17	Aug 18	Aug 19	Aug 20
8/20 full day Thom NO CARE	NO PROGRAM	Before: After:	Before: After:	Before: After:	Before: After: FULL:
WEEK OF: 8/23	Aug 23	Aug 24	Aug 25	Aug 26	Aug 27
8/23 full day Thom 8/27 full day Deane NO CARE	Before: After:	FULL: Before: After:	Before: After:	Before: After:	Before: After: FULL:
WEEK OF: 8/30	Aug 30	Aug 31	Sept 1	Sept 2	Sept 3
9/2,9/3 full day GH NO CARE	Before: After:	Before: After:	Before: After:	Before: After: FULL:	Before: After: FULL:

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=

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

TOTAL DUE:

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

