

CHILDRENS NAMES:

OCT 2020 B/A CARE DPS/ECE



ATTENDING SCHOOL:

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 10/5	Oct 5	Oct 6	Oct 7	Oct 8	Oct 9
B/A CARE NEEDED:	Before After	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 10/12	Oct 12	Oct 13	Oct 14	Oct 15	Oct 16
B/A CARE NEEDED:	Before: After:	Before: After:	Before: After:	Before: Full Day After:	Before: Full Day After:
WEEK OF: 10/19	Oct 19	Oct 20	Oct 21	Oct 22	Oct 23
B/A CARE NEEDED:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 10/26	Oct 26	Oct 27	Oct 28	Oct 29	Oct 30
B/A CARE NEEDED:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:

Oct 15/16 no
School for
COMPASS

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 Weeks 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 _____ =

Number of Full Days: _____ X (\$40 if not in B/A cohort)=

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: