**CHILDRENS NAMES:**

# OCTOBER 2022



**ATTENDING SCHOOL:**

##  CIRCLE ONE

**School sites:**

**Deane Doral Glennon Lumberg**

# JEFFCO Before/After Tuition

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

### Parr Patterson Rose Stein

#### WEEK OF: 10/3

Oct 3

Before: -

Oct 4 Oct 5

Before: - Before: -

Before:

Oct 6 Oct 7

- **Before:** -

### Slater Thomson Wilmore

After: -

**After:** -

**After:** -

**After:** -

**After:** -

### Davis

#### WEEK OF: 10/10

Oct 10

Oct 11

Oct 12 Oct 13

Oct 14

#### WEEK OF: 10/17

**10/20,10/21 Jeffco full**

Before: -

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Before:** | - | **Before:** | - | **Before:** | - | **Before:** | - | **Before:** | - |
| **After:** | - | **After:** | - | **After:** | - | **After:** | - | **After:** | - |
| **Oct 17 Oct 18** | **Oct 19 Oct 20 Oct 21** |

Before: -

Before: -

Full Day Full Day

**day@ Lumberg**

**After:** -

**After:** -

**After:** - - -

#### WEEK OF: 10/24

Oct 24

Oct 25 Oct 26

Before:

Oct 27 Oct 28

-

Before:

Before: -

Before: -

**(Jeffco late** -

**start)**

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:**

## $ 11

$ 19

After Care Sessions: X

Before Care Sessions: X

Before:

## $

**After:**

## $

Full day Care Sessions: X

## $ 45

$

Subtotal:

X Number of Children=

**TOTAL DUE:**

## $

$

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