CHILDRENS NAMES:

ATTENDING SCHOOL:

# MARCH

**2021 B/A CARE**

# JEFFCO

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

WEEK OF: 3/1

Before:

Mar 1 Mar 2

Before:

Mar 3

Before:

Mar 4

Before:

Mar 5

Before:

B/A Care Needed:

WEEK OF:3/8

**After:**

Mar 8:

After:

Mar 9

After:

Mar 10

After:

Mar 11

efore

After:

Mar 12 FULL DAY

B/A Care

Before:

Before:

Before:

Before: : (choose location):

Needed:

 **After:**

After:

After:

After:

WEEK OF: 3/15

Mar 15

Mar 16 Mar 17 Mar 18 Mar 19

B/A CARE NEEDED:

Before:

 **After:**

Mar 22

Before:

After:

Mar 23

Before: After:

Mar 24

Before: After:

Mar 25

Before:

After:

Mar 26 FULL DAY

WEEK OF: 3/22

### B/A CARE NEEDED:

Before: After:

**Before:**

After:

Before:

After:

Before: After:

### (choose location):

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: 0 X

$ 100.00 **=**

$

## $

**Number of Full Days:** 0 **X** $ 40.00 **($40/DAY)=**

## $

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:**

## $