**CHILDRENS NAMES:**

APRIL 2022

Before/After Tuition

**ATTENDING SCHOOL:**

# CHOOSE/CIRCLE ONE

## School sites:

**Deane Doral Slater**

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**


## Thomson

### WEEK OF: 3/28

March 28 March 29

March 30

March 31

Before:

April 1

### 3/28 FULL @

**Full:** -

Before: -

**Before:** - -

Before: -

### LUMBERG

After: -

**After:** -

After: -

After: -

### WEEK OF: 4/4

April 4

April 5 April 6

April 7

April 8

Before: -

After: -

Before: -

After: -

Before: -

After: -

Before: -

After: -

Before: -

After: -

### WEEK OF: 4/11

April 11

e:

April 12

April 13

April 14

Before:

April 15

### NO

Doral-no school 4/15

**Befor** -

Before: -

**Before:** - -

Before: -

### DORAL

After: -

**After:** -

**After:** -

**After:** -

**After:** -

### WEEK OF: 4/18

April 18

### NO DORAL

April 19 April 20 April 21

April 22

### FULL DAY 4/22

Before: -

Before: - Before: -

Before:

-

Full@DEANE: -

4/22 all schools off except Doral

Doral-no school 4/18

After: -

**After:** -

**After:** -

After: -

**B:** -

**A:** -

### WEEK OF: 4/25

April 25 April 26

April 27

Before:

April 28

April 29

Before: -

After: -

Before: -

After: -

Before: -

After: -

-

After: -

Before: -

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:**

Before Care Sessions: X $ 9

After Care Sessions: X

# $ 19

Full day Care Sessions:

**X** $ 40

# $

Before:

# $

Subtotal:

**After:** $

# $

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

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.