School sites:

Deane

**\*\*Spots reserved**



|  |  |
| --- | --- |
| **AUGUST 2022****CHILDRENS NAMES:** | **ATTENDING SCHOOL:** CIRCLE ONE |
|  | **MONDAY** | **JEFFCO** | **Tuition****THURSDAY** | **FRIDAY** |
| **WEEK OF: 8/15** | **Aug 15** | **Aug 16** | **Aug 17** | **Aug 18** | **Aug 19** |
| **8/19 Thom CARE TBD** |  | **Before:**  **FULL:** | **Before:**  | **Before:**  | **Before:**  **FULL:** |
| **CARE TBD** |  | **After:**   | **After:**  | **After:**  | **After:**   |
| **WEEK OF: 8/22****8/22 Thom NO CARE** | **Aug 22** | **Aug 23** | **Aug 24** | **Aug 25** | **Aug 26** |
| **8/25 PARR NO CARE Before:** **8/26 Slater,GH, Parr** | **Before:**  | **Before:**  | **Before:**  | **Before:**  **FULL:** |
| **CARE TBD After:**  | **After:**  | **After:**  | **After:**  | **After:**   |
| **WEEK OF: 8/29** | **Aug 29** | **Aug 30** | **Aug 31** | **Sept 1** | **Sept 2** |
| **Before:**  **FULL:** | **Before:**  | **Before:**  | **Before:**  | **Before:**  |
| **9/1,2 LUM AM ONLY 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:** | **Before Care Sessions:**   |  |  | **X** | $ 11 $  |  | $  |
|  |  |  |  |  |
| **Af** | **ter Care Sessions:**  |  |  | **X** | $ 19 $  |  |  |
|  |  |  |  |  |
| **Full day Care Sessions:**  |  |  | **X** $ 45 |  | $  |  | X Number of Children= |  |
| **TOTAL DUE:** $  |
| **$5/session ($10/full day) drop-in fee applies to all payments/schedules not received by Wednesday for upcoming week.** |

Glennon Heights Lumberg

Parr Stein

Slater

Patterson

Thomson

Wilmore

Davis