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