

CHILDRENS NAMES:

MAY 2021 B/A CARE DPS/ECE



ATTENDING SCHOOL:

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 5/3	May 3	May 4	May 5	May 6	May 7
B/A Care Needed:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 5/10	May 10	May 11	May 12	May 13	May 14
B/A Care Needed:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 5/17	May 17	May 18	May 19	May 20	May 21
B/A CARE NEEDED:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:
WEEK OF: 5/24	May 24	May 25	May 26	May 27	May 28
B/A CARE NEEDED:	Before: After:	Before: After:	Before: After:	Before: After:	Before: After:

Compass
No
Program

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: _____ X _____ =

Number of Full Days: _____ X _____ =

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: