School sites:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APRIL 2022 ATTENDING SCHOOL:**  **CHILDRENS NAMES:**  CIRCLE ONE | | | | | | | | | | | | | |
|  | | **MONDAY** | **TUESDAY** | | | **Before/After Tuition** | | | | | | **FRIDAY** | |
| **WEEK OF: 4/4** | | **April 4** | **April 5** | | | **April 6** | | |  | **Ap** | **ril 7** | **April 8** |
| **FULL** | | | **Before:**  After: | -  - |  | **Before:** -  **After:** - | | |  | **Before**  **After:** | -  - | **Before:** -  **After:** - |
| **WEEK OF: 4/11** | **April 11**  **Before:** -  **After :** - | | **April 12** | | | **April 13** | | |  |  | **April 14** | **April 15** |
| **Before:** - | | | **Before:** - | | | **Before:** | | - **Before:** - | |
| **After:** - | | | **After:** | - |  | **After:** | | - **After:** | - |
| **WEEK OF: 4/18** | | **April 18** | **April 19** | | | **April 20** | | | **Before:** | | **April 21** | **April 22** |
| **Before:** - | | | **Before:** - | | | **Before:** | - |  |  |  | - **Before** | |
| **After:** - | | | **After:** - | | | **After:** |  | - | **A** | **fter:** | - **After:** - | |
| **WEEK OF: 4/25** | **April 25**  **Before:** - | | **April 26**  **Before:**  **After** - | | | **April 27**  **Before:**  **After** - | | | **Before:**  **After** | | **April 28**  - **Before**  **After:** | **April 29** |
|  | | **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:**  **f**  **l** | | **Before Care Sessions:**  **After Care Sessions:**  **Full day Care Sessions:** | |  | **X**  **X**  **X** | $ 15  $ 15  $ 45 $ | | | | | | | |
| Subtotal: $  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.** | | | | | | | | | | | | | |

Denison

Gust

