CHILDRENS NAMES:

ATTENDING SCHOOL:

NOV 2020 B/A CARE

JEFFCO

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

WEEK OF: 11/2

Nov 2 Nov 3 Nov 4

Nov 5 Nov 6

B/A CARE NEEDED:

WEEK OF: 11/9

**Before**

## After

Nov 9

Before: After:

Nov 10

Before: After:

Before: After:

Nov 11 Nov 12

Before: After:

Nov 13

## Nov 13

**no School**

B/A CARE

Before:

Before:

Before:

Before:

Before:

## Full Day

**for JEFFCO**

NEEDED: After:

WEEK OF: 11/16

Nov 16

After:

Nov 17

After:

Nov 18

After:

Nov 19

After:

Nov 20

B/A CARE

NEEDED:

Before:

**After:**

Before:

After:

Before:

After:

Before:

After:

Before:

After:

WEEK OF: 11/23

Nov 23 Nov 24 Nov 25 Nov 26

Nov 27

## FULL DAY

**FULL DAY**

FULL DAY FULL DAY

HAPPY THANKSGIVING

**PROGRAMS**

# 

ALL PROGRAMS CLOSED

## NOV 23-25

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 Weeks 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

# $ 100.00 **=**

$ \_\_\_

# $

**Number of Full Days:**  **X** $ 20.00 **($40 if not in B/A cohort)=** $ \_\_\_\_

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:**

# $ \_\_\_\_\_\_\_\_