|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AUGUST 2021 ATTENDING SCHOOL:**  **CHILDRENS NAMES:**  CIRCLE ONE | | | | | | | |
|  |  |  | **MONDAY** | **TUESDAY** | **Before/After**  **WEDNESDAY** | **Tuition**  **THURSDAY** | **FRIDAY** |
| **WEEK OF: 8/16** |  |  | **Aug 16** | **Aug 17** | **Aug 18** | **Aug 19** | **Aug 20** |
| **8/20 full day Thom** |  |  |  | **Before:** | **Before:** | **Before:** | **Before:** |
|  |  |  | NO PROGRAM | **After:** | **After:** | **After:** | **After: FULL:** |
| **WEEK OF: 8/23** |  |  | **Aug 23** | **Aug 24** | **Aug 25** | **Aug 26** | **Aug 27** |
| **8/23 full day Thom Before:**  **FULL:** | | | | **Before:** | **Before:** | **Before:** | **Before:** |
| **8/27 full day Deane After:** | | | | **After:** | **After:** | **After:** | **After: FULL:** |
| **WEEK OF: 8/30** |  |  | **Aug 30** | **Aug 31** | **Sept 1** | **Sept 2** | **Sept 3** |
| **9/2,9/3 full day GH Before:** | | | | **Before:** | **Before:** | **Before:** | **Before:** |
| **After:** | | | | **After:** | **After:** | **After:**  FULL: | **After: FULL:** |
|  | | | |  |  |  |  |
| **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** | | | $ 9 $ |  | $ |
|  |  |  | | |  |  |  |
|  |  | **After Care Sessions:**  **X** | | | $ 19 $ |  |  |
|  |  |  | | |  |  |  |
| **Full day Care Sessions:**  **X** $ 40 $ X Number of Children= | | | | | | | |
| **\*Must provide proof of Free/Reduced qualification to select $1/session reduced TOTAL DUE:** $  **tuition rate. Must be manually chosen- Standard rate is automatically selected.** | | | | | | | |
| **$5/session ($10/full day) drop-in fee applies to all payments/schedules not received by Wednesday for upcoming week.** | | | | | | | |

Deane

Glennon Heights

Molholm

Slater Thomson