

School site: CMS Denison Gust

## **Before/After Tuition**

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDA</u>	Y THURSDAY	<u>FRIDAY</u>
WEEK OF: 1/3	Jan 31	Feb 1	Feb 2	Feb 3	Feb 4
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 1/10	Feb 7	Feb 8	Feb 9	Feb 10	Feb 11
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 1/17	Feb 14	Feb 15	Feb 16	Feb 17	Feb 18
	Before:	Before:	Before:		Before:
	After:	After:	After:	After:	After:
WEEK OF: 1/24	Feb 21	Feb 22	Feb 23	Feb 24	Feb 25
All Programs Closed 2/21 FULLDAY2/22@COL	All Programs CLOSED	FULL:	Before:	Before:	Before:
			After:	After:	After:

## STEPS FOR CARE CALCULATION:

- 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		
	After Care Sessions:	X		
. Fu	ıll dav Care Sessions:	X	Before:	After:

\*Must provide proof of Free/Reduced qualification to select \$1/session reduced tuition rate. Must be manually chosen- Standard rate is automatically selected.

Subtotal:

X Number of Children=

Full Price multi child discount

**TOTAL DUE:**