OCTOBER 2024 RMP Before/After Tuition

CHILDRENS NAMES:



ATTENDING SCHOOL:

Subtotal: X Number of Children=

TOTAL DUE:

School sites: RMP-Fletcher RMP-Berkeley RMP-Ruby Hill RMP-Southwest

			_	-		
	<u>MONDAY</u>	<u>TUESDAY</u>	WEDNES	DAY <u>THURSDA</u>	<u>FRIDAY</u>	
WEEK OF: 9/30	Sept 30	Oct 1	Oct 2	Oct 3	Oct 4	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
VEEK OF: 10/7	Oct 7	Oct 8	Oct 9	Full Oct 10	Oct 11	
0/9 (SW,BK, RH) 0/10,11,14 (all RMPs)	Before:	Before:	Before:	Full	Full	
ULL DAYS @ RMP-BK	After:	After:	After:		JLL DAYS AT RMP-BERKELEY	
NEEK OF: 10/14	Oct 14	Oct 15	Oct 16	Oct 17	Oct 18	
0/14 (ALL)@ BK;	Full	Before:	Before:	Before:	Before:	
10/15 Fletch NO CARE		After:	After:	After:	After:	
WEEK OF: 10/21	Oct 21	Oct 22	Oct 23	Oct 24	Oct 25	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
WEEK OF: 10/28	Oct 28	Oct 29	Oct 30	Oct 31	Nov 1	
	Before:	Before:	Before:	Before:	Before:	
	After:	After:	After:	After:	After:	
STEPS FOR CARE C	ALCULATION:					
. Enter 1 next to the	before/after sessio	ns you will need care	e. '0' means NO CAR	E; '1' means NEED CAR	Έ.	
2. Confirm number o 3. Payment must acc			correct below. Add i	number of children and	confirm/add total.	
. Limited space ava	ilable. Payment is d	ue by the Wednesda	y of the prior week, I	nowever we do encoura	ge earlier payments to	secur
pot. Calendars are	also required for CC	AP families to reserv	ve their space.			
. For Safety and tra	cking purposes, ple	ase inform Director o	of any care schedule	changes. NO refunds o	or credits for unused ca	are.
UES CALCULATION	Before Care Sess	ions:	_X			
	After Care Sessions	: 3	ĸ	В	Sefore:	Afte
				_		

Full day Care Sessions: _____X

schedules not received by Wednesday for upcoming week.

**Spots reserved \$5/session (\$10/full day) drop-in fee applies to all payments/