School sites:
Bradford

CHILDRENS NAMES:



ATTENDING SCHOOL:

	<b>MONDAY</b>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<b>THURSDAY</b>	<b>FRIDAY</b>
WEEK OF: 9/30	Sept 30	Oct 1	Oct 2	Oct 3	Oct 4
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 10/7	Oct 7	Oct 8	Oct 9	Oct 10	Oct 11
	Before:	Before:	Before:	Before:	Before:
	After:	After:	After:	After:	After:
WEEK OF: 10/14	Oct 14	Oct 15	Oct 16	Oct 17	Oct 18
10/17, 10/18	Before:	Before:	Before:	Full	Full
All Jeffco FULL Day @ PATT	After:	After:	After:	FULL DAY @ PATTERSON	
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
11/1 ALL JEFFCO FULL DAY @	Before:	Before:	Before:	Before:	Full
DEANE	After:	After:	After:	After:	@DEANE

## 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.
- 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.

schedules not received by Wednesday for upcoming week.					TOTAL DUE:	
	**5	Spots reserved \$5/session (\$1	es to all payments/	X Number of Children=		
	Ful	Full day Care Sessions:X		Subto	Subtotal:	
	A	fter Care Sessions:	x	Before:	After:	
	DUES CALCULATION:	Before Care Sessions:	X			