

CHILDRENS NAMES:



Bradford Before/After Tuition

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
WEEK OF: 11/4	NOV 4 Before: After:	NOV 5 Before: After:	NOV 6 Before: After:	NOV 7 Before: After:	NOV 8 Before: After:
WEEK OF: 11/11	NOV 11 Before: After:	NOV 12 Before: After:	NOV 13 Before: After:	NOV 14 Before: After:	NOV 15 Before: After:
WEEK OF: 11/18	NOV 18 Before: After:	NOV 19 Before: After:	NOV 20 Before: After:	NOV 21 Before: After:	NOV 22 Before: After:
WEEK OF: 11/25 CAMP FULL DAYS 11/25-11/27 @ DEANE &RMP-BK	NOV 25 Full: FT	NOV 26 Full	NOV 27 Full: OR	NOV 28 ALL PROGRAMS CLOSED	NOV 29 11/28 AND 11/29

CHOOSE CAMP LOCATION:

STEPS FOR CARE CALCULATION:

1. Enter 1 next to the before/after/full day sessions you need care. '0' means NO CARE; '1' means NEED CARE.
2. Confirm number of 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.

DUES CALCULATION:

Before Care Sessions: _____ X

After Care Sessions: _____ X

Full day Care Sessions (in house): _____ X

Full day Care sessions (FT/OR): _____ X

Before:

After:

Subtotal:

X Number of Children=

TOTAL DUE:

****Spots reserved \$5/session (\$10/full day) drop-in fee applies to all payments/
schedules not received by Wednesday for upcoming week.**

