

ATTENDING SCHOOL:

School sites: Deane Lumberg **Patterson Rose Stein Slater**

JEFFCO SA Before/After Tuition

	MONDAY	<u>TUESDAY</u>	<u>WEDNESDA</u>	Y THURSDAY	<u>FRIDAY</u>	_
WEEK OF: 4/28	APRIL 28	APRIL 29	APRIL 30	MAY 1	MAY 2	5/2 & 5/5 NO
NO PROGRAM:	Before:	Before:	Before:	Before:	Before: FULL	SCHOOL: Deane, Slater
4/28,4/29 STEIN	After:	After:	After:	After:	After:	Patt (only 5/2),
WEEK OF: 5/5	MAY 5	MAY 6	MAY 7	MAY 8	MAY 9	1
5/2,5/5 FULL DAY @ DEANE	Before: FULL	Before:	Before:	Before:	Before:	•
*For those off school	After:	After:	After:	After:	After:	
WEEK OF: 5/12	MAY 12	MAY 13	MAY 14	MAY 15	MAY 16	1
	Before:	Before:	Before:	Before:	Before:	•
	After:	After:	After:	After:	After:	
WEEK OF: 5/19	MAY 19	MAY 20	MAY 21	MAY 22	MAY 23	1
	Before:	Before:	Before:	Before:	Before:	•
	After:	After:	After:	After:	After-ER:	

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	Before:	After:	
Full	day Care sessions (FT/OR):X pots reserved \$5/session (\$10/full day) drop-in fee applies to all payments/			Subtotal: X Number of Children=	
**			es to all payments/	TOTAL DUE:	

schedules not received by Wednesday for upcoming week.

IOIAL DUE: