

C.A.S.A. EXTENDED CARE

CASA Extended Care will be offered from 1:30 P.M. until 3:30 P.M. The cost is \$4.00 per hour per child. You may sign up for first, second or both hours. You must sign up by Friday of the upcoming week. If you should need this service on a drop in basis, contact the CASA office at 271-9922 to see if a space is available and the fee will be \$6.00 per hour. Payment should be made in advance with this sheet. Drop-In payments must be made at pick-up time. All checks should be made out to CASA Extended Care. There will be a late charge of \$1.00 per minute for each minute past 3:30. This charge will be strictly enforced.

Child(ren)'s

Name: _____

Parent's

Signature: _____

Please circle days and hours needed:

Nov	1	Thursday	First Hour	Second Hour	Both
Nov	2	Friday	First Hour	Second Hour	Both
Nov	5	Monday	First Hour	Second Hour	Both
Nov	6	Tuesday	First Hour	Second Hour	Both
Nov	7	Wednesday	First Hour	Second Hour	Both
Nov	8	Thursday	First Hour	Second Hour	Both
Nov	9	Friday	First Hour	Second Hour	Both
Nov	12	No CASA - Veteran's Day Holiday			
Nov	13	Tuesday	First Hour	Second Hour	Both
Nov	14	Wednesday	First Hour	Second Hour	Both
Nov	15	Thursday	First Hour	Second Hour	Both
Nov	16	Friday	First Hour	Second Hour	Both
Nov	19 th - 23 rd - No CASA - Thanksgiving Holidays				
Nov	26	Monday	First Hour	Second Hour	Both
Nov	27	Tuesday	First Hour	Second Hour	Both
Nov	28	Wednesday	First Hour	Second Hour	Both
Nov	29	Thursday	First Hour	Second Hour	Both
Nov	30	Friday	First Hour	Second Hour	Both

Payment Enclosed:

\$ _____

No refunds or substitutions for missed days. Your signature above means that you understand the policy concerning late fees and refunds

C.A.S.A. EARLY CARE

CASA Early care will be offered from 8:00 A.M. until 9:30 A.M. The cost is \$6.00 per day per child. You must sign up by Friday for the upcoming week. If you need this service on a drop in basis, contact the CASA office at 271-9922 to assure availability. The fee for a drop in will be \$8.00. Payments must be made in advance with this sheet. Drop in payments must be made at time of drop off. All checks should be made out to CASA Early Care.

Child(ren)'s Name: _____

Parent's Signature: _____

Please circle days needed:

November	1	Thursday
November	2	Friday
November	5	Monday
November	6	Tuesday
November	7	Wednesday
November	8	Thursday
November	9	Friday
November	12	No CASA - Veteran's Day Holiday
November	13	Tuesday
November	14	Wednesday
November	15	Thursday
November	16	Friday
November	19 th - 23 rd	- No CASA - Thanksgiving Holidays
November	26	Monday
November	27	Tuesday
November	28	Wednesday
November	29	Thursday
November	30	Friday

Payment Enclosed:

\$ _____

No refunds or substitutions for missed days. Your signature above means that you understand the policy concerning late fees and refunds.