

C.A.S.A. EXTENDED CARE

C.A.S.A. 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 C.A.S.A. 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 C.A.S.A. 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:

Oct	1	Monday	First Hour	Second Hour	Both
Oct	2	Tuesday	First Hour	Second Hour	Both
Oct	3	Wednesday	First Hour	Second Hour	Both
Oct	4	Thursday	First Hour	Second Hour	Both
Oct	5	Friday - NO CASA			
Oct	8	Monday - NO CASA			
Oct	9	Tuesday	First Hour	Second Hour	Both
Oct	10	Wednesday	First Hour	Second Hour	Both
Oct	11	Thursday	First Hour	Second Hour	Both
Oct	12	Friday	First Hour	Second Hour	Both
Oct	15	Monday	First Hour	Second Hour	Both
Oct	16	Tuesday	First Hour	Second Hour	Both
Oct	17	Wednesday	First Hour	Second Hour	Both
Oct	18	Thursday	First Hour	Second Hour	Both
Oct	19	Friday	First Hour	Second Hour	Both
Oct	22	Monday	First Hour	Second Hour	Both
Oct	23	Tuesday	First Hour	Second Hour	Both
Oct	24	Wednesday	First Hour	Second Hour	Both
Oct	25	Thursday	First Hour	Second Hour	Both
Oct	26	Friday	First Hour	Second Hour	Both
Oct	29	Monday	First Hour	Second Hour	Both
Oct	30	Tuesday	First Hour	Second Hour	Both
Oct	31	Wednesday	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

C.A.S.A. 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 C.A.S.A. 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 C.A.S.A. Early Care.

Child(ren)'s Name: _____

Parent's Signature: _____

Please circle days needed:

October	1	Monday
October	2	Tuesday
October	3	Wednesday
October	4	Thursday
October	5	Friday - NO CASA
October	8	Monday - NO CASA
October	9	Tuesday
October	10	Wednesday
October	11	Thursday
October	12	Friday
October	15	Monday
October	16	Tuesday
October	17	Wednesday
October	18	Thursday
October	19	Friday
October	22	Monday
October	23	Tuesday
October	24	Wednesday
October	25	Thursday
October	26	Friday
October	29	Monday
October	30	Tuesday
October	31	Wednesday

Payment Enclosed:

\$ _____

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