

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:

April	1	Wednesday	First Hour	Second Hour	Both
April	2	Thursday	First Hour	Second Hour	Both
April	3	Friday	First Hour	Second Hour	Both
April	6	Monday	First Hour	Second Hour	Both
April	7	Tuesday	First Hour	Second Hour	Both
April	8	Wednesday	First Hour	Second Hour	Both
April	9	Thursday	First Hour	Second Hour	Both
April	10	No CASA - Good Friday			
April	13	Monday	First Hour	Second Hour	Both
April	14	Tuesday	First Hour	Second Hour	Both
April	15	Wednesday	First Hour	Second Hour	Both
April	16	Thursday	First Hour	Second Hour	Both
April	17	Friday	First Hour	Second Hour	Both
April	20	Monday	First Hour	Second Hour	Both
April	21	Tuesday	First Hour	Second Hour	Both
April	22	Wednesday	First Hour	Second Hour	Both
April	23	Thursday	First Hour	Second Hour	Both
April	24	Friday	First Hour	Second Hour	Both
April	27	Monday	First Hour	Second Hour	Both
April	28	Tuesday	First Hour	Second Hour	Both
April	29	Wednesday	First Hour	Second Hour	Both
April	30	Thursday	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:

April	1	Wednesday
April	2	Thursday
April	3	Friday
April	6	Monday
April	7	Tuesday
April	8	Wednesday
April	9	Thursday
April	10	No CASA-Good Friday
April	13	Monday
April	14	Tuesday
April	15	Wednesday
April	16	Thursday
April	17	Friday
April	20	Monday
April	21	Tuesday
April	22	Wednesday
April	23	Thursday
April	24	Friday
April	27	Monday
April	28	Tuesday
April	29	Wednesday
April	30	Thursday

Payment Enclosed:

\$ _____

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

