

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:

Dec	1	Tuesday	First Hour	Second Hour	Both
Dec	2	Wednesday	First Hour	Second Hour	Both
Dec	3	Thursday	First Hour	Second Hour	Both
Dec	4	Friday	First Hour	Second Hour	Both
Dec	7	Monday	First Hour	Second Hour	Both
Dec	8	Tuesday	First Hour	Second Hour	Both
Dec	9	Wednesday	First Hour	Second Hour	Both
Dec	10	Thursday	First Hour	Second Hour	Both
Dec	11	Friday	First Hour	Second Hour	Both
Dec	14	Monday	First Hour	Second Hour	Both
Dec	15	Tuesday	First Hour	Second Hour	Both
Dec	16	Wednesday	First Hour	Second Hour	Both
Dec	17	Thursday - 12:00	Dismissal - No Extended Care		

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:

December	1	Tuesday
December	2	Wednesday
December	3	Thursday
December	4	Friday
December	7	Monday
December	8	Tuesday
December	9	Wednesday
December	10	Thursday
December	11	Friday
December	14	Monday
December	15	Tuesday
December	16	Wednesday
December	17	Thursday

Payment Enclosed:

\$ _____

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