

C.A.S.A. EXTENDED CARE

Summer Fun Session One - July

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:

| | | | | |
|---------|-----------|------------|-------------|------|
| July 6 | Tuesday | First Hour | Second Hour | Both |
| July 7 | Wednesday | First Hour | Second Hour | Both |
| July 8 | Thursday | First Hour | Second Hour | Both |
| July 13 | Tuesday | First Hour | Second Hour | Both |
| July 14 | Wednesday | First Hour | Second Hour | Both |
| July 15 | Thursday | First Hour | Second Hour | Both |
| July 20 | Tuesday | First Hour | Second Hour | Both |
| July 21 | Wednesday | First Hour | Second Hour | Both |
| July 22 | Thursday | First Hour | Second Hour | Both |
| July 27 | Tuesday | First Hour | Second Hour | Both |
| July 28 | Wednesday | First Hour | Second Hour | Both |
| July 29 | 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

Summer Fun Session One - July

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:

| | | |
|------|----|-----------|
| July | 6 | Tuesday |
| July | 7 | Wednesday |
| July | 8 | Thursday |
| July | 13 | Tuesday |
| July | 14 | Wednesday |
| July | 15 | Thursday |
| July | 20 | Tuesday |
| July | 21 | Wednesday |
| July | 22 | Thursday |
| July | 27 | Tuesday |
| July | 28 | Wednesday |
| July | 29 | Thursday |

Payment Enclosed:

\$ _____

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

