

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:

May	1	Friday	First Hour	Second Hour	Both
May	4	Monday	First Hour	Second Hour	Both
May	5	Tuesday	First Hour	Second Hour	Both
May	6	Wednesday	First Hour	Second Hour	Both
May	7	Thursday	First Hour	Second Hour	Both
May	8	Friday	First Hour	Second Hour	Both
May	11	Monday	First Hour	Second Hour	Both
May	12	Tuesday	First Hour	Second Hour	Both
May	13	Wednesday	First Hour	Second Hour	Both
May	14	Thursday	First Hour	Second Hour	Both
May	15	Friday	First Hour	Second Hour	Both
May	18	Monday	First Hour	Second Hour	Both
May	19	Tuesday	First Hour	Second Hour	Both
May	20	Wednesday - no extended care - Last day of CASA			

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:

May	1	Friday
May	4	Monday
May	5	Tuesday
May	6	Wednesday
May	7	Thursday
May	8	Friday
May	11	Monday
May	12	Tuesday
May	13	Wednesday
May	14	Thursday
May	15	Friday
May	18	Monday
May	19	Tuesday
May	20	Wednesday

Payment Enclosed:

\$ _____

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