

C.A.S.A. EXTENDED CARE

CASA 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 CASA 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 CASA 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:

Nov	2	Monday	First Hour	Second Hour	Both	
Nov	3	Tuesday	First Hour	Second Hour	Both	
Nov	4	Wednesday	First Hour	Second Hour	Both	
Nov	5	Thursday	First Hour	Second Hour	Both	
Nov	6	Friday	First Hour	Second Hour	Both	
Nov	9	Monday	First Hour	Second Hour	Both	
Nov	10	Tuesday	First Hour	Second Hour	Both	
Nov	11	Wednesday - No CASA - Veteran's Day Holiday				
Nov	12	Thursday	First Hour	Second Hour	Both	
Nov	13	Friday	First Hour	Second Hour	Both	
Nov	16	Monday	First Hour	Second Hour	Both	
Nov	17	Tuesday	First Hour	Second Hour	Both	
Nov	18	Wednesday	First Hour	Second Hour	Both	
Nov	19	Thursday	First Hour	Second Hour	Both	
Nov	20	Friday	First Hour	Second Hour	Both	
Nov	23rd - 27 th - No CASA - Thanksgiving Holidays					
Nov	30	Monday	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

CASA 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 CASA 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 CASA Early Care.

Child(ren)'s Name: _____

Parent's Signature: _____

Please circle days needed:

November	2	Monday
November	3	Tuesday
November	4	Wednesday
November	5	Thursday
November	6	Friday
November	9	Monday
November	10	Tuesday
November	11	No CASA - Veteran's Day Holiday
November	12	Thursday
November	13	Friday
November	16	Monday
November	17	Tuesday
November	18	Wednesday
November	19	Thursday
November	20	Friday
November	23rd - 27 th	No CASA - Thanksgiving Holidays
November	30	Monday

Payment Enclosed:

\$ _____

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