

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:

Oct	1	Thursday	First Hour	Second Hour	Both
Oct	2	Friday	First Hour	Second Hour	Both
Oct	5	Monday	First Hour	Second Hour	Both
Oct	6	Tuesday	First Hour	Second Hour	Both
Oct	7	Wednesday	First Hour	Second Hour	Both
Oct	8	Thursday	First Hour	Second Hour	Both
Oct	9	Friday -	No CASA		
Oct	12	Monday -	First Hour	Second Hour	Both
Oct	13	Tuesday	First Hour	Second Hour	Both
Oct	14	Wednesday	First Hour	Second Hour	Both
Oct	15	Thursday	First Hour	Second Hour	Both
Oct	16	Friday	First Hour	Second Hour	Both
Oct	19	Monday	First Hour	Second Hour	Both
Oct	20	Tuesday	First Hour	Second Hour	Both
Oct	21	Wednesday	First Hour	Second Hour	Both
Oct	22	Thursday	First Hour	Second Hour	Both
Oct	23	Friday	First Hour	Second Hour	Both
Oct	26	Monday	First Hour	Second Hour	Both
Oct	27	Tuesday	First Hour	Second Hour	Both
Oct	28	Wednesday	First Hour	Second Hour	Both
Oct	29	Thursday	First Hour	Second Hour	Both
Oct	30	Friday	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:

October	1	Thursday
October	2	Friday
October	5	Monday
October	6	Tuesday
October	7	Wednesday
October	8	Thursday
October	9	Friday - No CASA
October	12	Monday
October	13	Tuesday
October	14	Wednesday
October	15	Thursday
October	16	Friday
October	19	Monday
October	20	Tuesday
October	21	Wednesday
October	22	Thursday
October	23	Friday
October	26	Monday
October	27	Tuesday
October	28	Wednesday
October	29	Thursday
October	30	Friday

Payment Enclosed:

\$ _____

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