

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:

Sept	8	Tuesday	First Hour	Second Hour	Both
Sept	9	Wednesday	First Hour	Second Hour	Both
Sept	10	Thursday	First Hour	Second Hour	Both
Sept	11	Friday	First Hour	Second Hour	Both
Sept	14	Monday	First Hour	Second Hour	Both
Sept	15	Tuesday	First Hour	Second Hour	Both
Sept	16	Wednesday	First Hour	Second Hour	Both
Sept	17	Thursday	First Hour	Second Hour	Both
Sept	18	Friday	First Hour	Second Hour	Both
Sept	21	Monday	First Hour	Second Hour	Both
Sept	22	Tuesday	First Hour	Second Hour	Both
Sept	23	Wednesday	First Hour	Second Hour	Both
Sept	24	Thursday	First Hour	Second Hour	Both
Sept	25	Friday	First Hour	Second Hour	Both
Sept	28	Monday	First Hour	Second Hour	Both
Sept	29	Tuesday	First Hour	Second Hour	Both
Sept	30	Wednesday	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:

September	8	Tuesday
September	9	Wednesday
September	10	Thursday
September	11	Friday
September	14	Monday
September	15	Tuesday
September	16	Wednesday
September	17	Thursday
September	18	Friday
September	21	Monday
September	22	Tuesday
September	23	Wednesday
September	24	Thursday
September	25	Friday
September	28	Monday
September	29	Tuesday
September	30	Wednesday

Payment Enclosed:

\$ _____

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