April 2017



Red Rocks Community College SACC

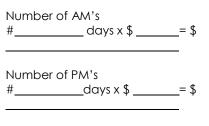
One copy printed or emailed to the Site Manager and one copy emailed to accounting.

Email: sacc@rrcc.edu

	School Na	me	
	Parent Name		
	Child's Nar	me	
Option A Rates:	AM \$11.50/\$13.00	PM \$17.00	AM & PM \$19.50
Option B Rates:	AM \$13.00/\$14.50	PM \$18.50	AM & PM \$21.00

APRIL 2017						
Monday	Tuesday	Wednesday	Thursday	Friday		
3	4	5	6	7		
AM	AM	AM	AM	AM		
PM	PM	PM	PM	PM		
10	11	12	13	14		
AM	AM	AM	AM	AM		
PM	PM	PM	PM	PM		
17	18	19	20	21		
AM	AM	AM	AM	AM		
PM	PM	PM	PM	PM		
24	25	26	27	28		
AM	AM	AM	AM	Early		
PM	PM	PM	PM	Release (Separate Sign in Sheet)		

Please refer to this form for your amount due for April. Please check with your individual school sites for flex testing days for your school. On these days, care may be provided as a Full Day and enrollment and billing is based on sign-up sheets at the site. Full Day charges will be billed separately. Payment is due in advance of care.



Number of AM's & PM's

#_____days x \$ _____= \$

Please check AM or PM or both on the dates your child will attend this month. Dates/Times checked will be what you are charged & expected at site. All other times, your child comes will be charged as drop in. Variables are required to utilize a minimum of three days per week. Add your totals to get your monthly charge.

\$

Monthly Charge: