

April 2018

Red Rocks Community College SACC

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

Email: sacc@rrcc.edu

	7011001040					
School Name Parent Name						
	Child's Name					
Daily Rate: AM		\$11.75/\$13.2	5 PM \$	317.25	AM & PM \$19.75	
Variable Rate: AM		\$13.25/\$14.7	5 PM \$	318.75	AM & PM \$21.25	
		APRIL 2018				
Monday	Tuesday	Wednesday	Thursday	Friday	Please refer to this form for your	
2	3	4	5	6	amount due for April. Ple with your individual sche	
AM	AM	AM	AM	AM	flex testing days for you	
PM	PM	PM	PM	PM	these days, care may b	
9	10	11	12	13	a Full Day and enrollme	
AM	AM	AM	AM	AM	is based on sign-up she Full Day charges will be	
PM	PM	PM	PM	PM	separately. Payment is a	

20

AM

PM

27 Early Release

(separate

Number of AM's
#_____ days x \$ ____ = \$
Number of PM's
#____ days x \$ ___ = \$

Number of AM's & PM's

advance of care.

Add your totals to get your monthly charge.

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.

Monthly Charge:

____aays x \$ _____= \$

16

AM

PM

23

AM

PΜ

30

AM PM 17

AM

PM

24

AM

PM

18

AM

РМ

25

AM

PM

19

AM

PM

26

AM

PM