



APRIL
Red Rocks Community College SACC

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

Email: sacc@rrcc.edu

School Name: _____

Parent Number: _____

Parent Name: _____

Child's Name: _____

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

February

Monday	Tuesday	Wednesday	Thursday	Friday
				1 AM PM
4 AM PM	5 AM PM	6 AM PM	7 AM PM	8 AM PM
11 AM PM	12 AM PM	13 AM PM	14 AM PM	15 AM PM
18 AM PM	19 AM PM	20 Early Release <small>(Separate Sign in Sheet)</small>	21 AM PM	22 AM PM
25 AM PM	26 AM PM	27 AM PM	28 AM PM	29 AM PM

Due to the high volume of registrations, please refer to this form for your amount due for April.

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

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

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

Add your totals to get your monthly fees.

Monthly Fees:

Please circle AM or PM or Both on the dates your child will attend this month. Dates/Times circled 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.