



August 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 Name _____

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

AUGUST 2017

Monday	Tuesday	Wednesday	Thursday	Friday
	1 CLOSED	2 CLOSED	3 CLOSED	4 CLOSED
7 CLOSED	8 CLOSED	9 CLOSED	10 CLOSED	11 CLOSED
14 CLOSED	15 CLOSED	16 CLOSED	17 AM PM	18 AM PM
21 AM PM	22 AM PM	23 AM PM	24 AM PM	25 AM PM
28 AM PM	29 AM PM	30 AM PM	31 AM PM	

Please refer to this form for your amount due for August. 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
_____ days x \$ _____ = \$

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

Number of AM's & PM's

_____ days x \$ _____ = \$

_____ 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:
\$ _____