



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 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

AUGUST 2017

Monday	Tuesday	Wednesday	Thursday	Friday
1 Summer Camp	2 Summer Camp	3 Summer Camp	4 Summer Camp	5 Summer Camp
8 Summer Camp	9 Summer Camp	10 Summer Camp	11 Summer Camp	12 Summer Camp
15 Closed	16 Closed	17 Closed	18 AM PM	19 AM PM
22 AM PM	23 AM PM	24 AM PM	25 AM PM	26 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 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.

Monthly Charge:
\$ _____