



MAY
Red Rocks Community College SACC

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

Email:	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
2	3	4	5	6 Full Day <small>(Separate Sign in Sheet)</small>
9 AM PM	10 AM PM	11 AM PM	12 AM PM	13 AM PM
16 AM PM	17 AM PM	18 AM PM	19 AM PM	20 AM PM
23 AM PM	24 AM PM	25 AM <small>Last day of School Closed in PM</small>	26 Closed	27 Closed
30 Holiday Closed	31 Closed			

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

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.