



MAY
Red Rocks Community College SACC

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

School Name: _____

Parent Number: _____

Parent Name: _____

Child's Name: _____

Email: sacc@rrcc.edu

Option A Rates:	AM	\$11.50/\$13.00	PM	\$17.00	AM&PM	\$19.50
Option B (Variable) Rates:	AM	\$13.00/\$14.50	PM	\$18.50	AM&PM	\$21.00

May

Monday	Tuesday	Wednesday	Thursday	Friday
2 AM PM	3 AM PM	4 AM PM	5 AM PM	6 AM PM
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 Closed	25 Closed	26 Closed	27 Closed
30 Holiday Closed	31 Closed			

Please refer to this form for your amount due for May. 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 fees.

Monthly Fees:
\$

Please check AM, 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.