



October 2016

Red Rocks Community College SACC

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

Email: [sacc@rrcc.edu](mailto:sacc@rrcc.edu)

School Name \_\_\_\_\_

Parent Number \_\_\_\_\_

Parent Name \_\_\_\_\_

Child's Name \_\_\_\_\_

<b>Option A Rates:</b>	<b>AM</b> \$11.50/\$13.00	<b>PM</b> \$17.00	<b>AM &amp; PM</b> \$19.50
<b>Option B Rates:</b>	<b>AM</b> \$13.00/\$14.50	<b>PM</b> \$18.50	<b>AM &amp; PM</b> \$21.00

OCTOBER 2016

Monday	Tuesday	Wednesday	Thursday	Friday
3 AM PM	4 AM PM	5 AM PM	6 AM PM	7 AM PM
10 AM PM	11 AM PM	12 AM PM	13 AM PM	14 Full Day (Separate Sign in Sheet)
17 AM PM	18 AM PM	19 AM PM	20 AM PM	21 AM PM
24 AM PM	25 AM PM	26 AM PM	27 AM PM	28 AM PM
31 AM PM				

Please refer to this form for your amount due for October. 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 \$ \_\_\_\_\_ = \$  
\_\_\_\_\_

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.

Add your totals to get your monthly charge.

Monthly Charge:  
\$ \_\_\_\_\_