



October 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

OCTOBER 2017

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 Full Day Separate Sign in sheet
16 AM PM	17 AM PM	18 AM PM	19 AM PM	20 AM PM
23 AM PM	24 AM PM	25 AM PM	26 AM PM	27 AM PM
30 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 \$ _____ = \$

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:

\$