

BEFORE/AFTER CARE FOR AACCS STUDENTS

Family Name: _____

Children Attending: _____

Please indicate the number of children attending each day

Week: Dec. 10-14	Mon. 12-10	Tues. 12-11	Wed.12-12	Thurs.11-13	Fri. 12-14
Morning: 7:00-7:15					
Morning: 7:15-7:45					
Morning: 7:45-8:15					
Afternoon: 3:30-4:00					
Afternoon: 4:00-4:30					
Afternoon: 4:30-5:00					
Afternoon: 5:00-5:30					

Notes:

Week: Dec. 17-21	Mon. 12-17	Tues.12-18	Wed.12-19	Thurs. 12-20	Fri. 12-21
Morning: 7:00-7:15					
Morning: 7:15-7:45					
Morning: 7:45-8:15					
Afternoon: 3:30-4:00					
Afternoon: 4:00-4:30					
Afternoon: 4:30-5:00					
Afternoon: 5:00-5:30					

Notes: Christmas Program 12-18 @ 6:30 pm Christmas Break Dec. 22- Jan.2

Week: Jan. 3-11	Thurs. 1-3	Fri. 1-4	Mon. 1-7	Tues. 1-8	Weds. 1-9	Thurs.1-10	Fri. 1-11
Morning: 7:00-7:15							
Morning: 7:15-7:45							
Morning: 7:45-8:15							
Afternoon: 3:30-4:00							
Afternoon: 4:00-4:30							
Afternoon: 4:30-5:00							
Afternoon: 5:00-5:30							

Notes: Be sure to check the dates as you are filling this out

Fees: \$2.00/ ½ hour for first child, \$1.00/ ½ hour per additional child

*7 AM drop off additional \$1.00/child

AM drop-ins are discouraged due to enrollment/staffing regulations

Date: _____ Amount Paid: _____ (Please make checks payable to AACCS)

Credits will be given for school cancellations. Absences due to illness can also be credited, however, the parent is responsible for tracking those absences and reporting them on the next sign-up form.