

BEFORE/AFTER CARE FOR AACCS STUDENTS

Family Name: _____

Children Attending: _____

Please indicate the number of children attending each day

Week: Aug.24 - 28	Mon. 8-24	Tues. 8-25	Wed. 8-26	Thurs.8-27	Fri. 8-28
Morning: 7:00-7:15	X				X
Morning: 7:15-7:45	X				X
Morning: 7:45-8:15	X				X
Afternoon: 3:30-4:00	X				X
Afternoon: 4:00-4:30	X				X
Afternoon: 4:30-5:00	X				X
Afternoon: 5:00-5:30	X				X

Notes: No Schol 8/24 and 8/28

Week:Aug.31- Sept.4	Mon. 8-31	Tues. 9-1	Wed 9-2	Thurs. 9-3	Fri. 9-4
Morning: 7:00-7:15	X				X
Morning: 7:15-7:45	X				X
Morning: 7:45-8:15	X				X
Afternoon: 3:30-4:00	X				X
Afternoon: 4:00-4:30	X				X
Afternoon: 4:30-5:00	X				X
Afternoon: 5:00-5:30	X				X

Notes: No school 8/31 and 9 /4

Week: Sept. 7-11	Mon. 9-7	Tues. 9-8	Wed. 9-9	Thurs. 9-10	Fri. 9-11
Morning: 7:00-7:15	X				
Morning: 7:15-7:45	X				
Morning: 7:45-8:15	X				
Afternoon: 3:30-4:00	X				
Afternoon: 4:00-4:30	X				
Afternoon: 4:30-5:00	X				
Afternoon: 5:00-5:30	X				

Notes: No school 9/7

Fees: \$3.00/ ½ hour for first child, \$1.00/ ½ hour per additional child

*7 AM drop off additional \$1.00/child

AM drop-ins 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.