

Student Name _____

Fill out one for each child.

SAMPLE	Example Grade		1st Grader	Kinder		4th grader	3rd Grader			
	In class time		(In class 12:20-3:20)	(in class 8:20-11:20)		(in class 8:30 - 3:10)	(in class 12:20 - 3:20)			
	On Campus time		9am - 4pm	7:30am - 2pm		8:30am - 4:30pm	7:45am - 5:45pm			
			Mon 9/28	Tues 9/29	Wed 9/30	Thurs 10/1	Fri 10/2	Total #	x rate	Total \$
Before Care	7:00am- AM Bell	9	0	1			1	2	9	81
AM Care	AM Bell - 12:20pm	15	1	0	No Care	0	1	2	15	225
PM Care	11:20am - PM Bell	15	0	1	Distance	0	0	1	15	225
After Care	PM Bell - 6:00 PM	17	1		Learning	1	1	3	17	289

			Mon 10/26	Tues 10/27	Wed 10/28	Thurs 10/29	Fri 10/30	Total #	x rate
Before Care	7:00am- AM Bell	9						9	
AM Care	AM Bell - 12:20pm	15			No Care			15	
PM Care	11:20am - PM Bell	15			Distance			15	
After Care	PM Bell - 6:00 PM	17			Learning			17	

			Mon 11/2	Tues 11/3	Wed 11/4	Thurs 11/5	Fri 11/6	Total #	x rate
Before Care	7:00am- AM Bell	9						9	
AM Care	AM Bell - 12:20pm	15			No Care			15	
PM Care	11:20am - PM Bell	15			Distance			15	
After Care	PM Bell - 6:00 PM	17			Learning			17	

			Mon 11/9	Tues 11/10	Wed 11/11	Thurs 11/12	Fri 11/13	Total #	x rate
Before Care	7:00am- AM Bell	9			Veteran's			9	
AM Care	AM Bell - 12:20pm	15			Day			15	
PM Care	11:20am - PM Bell	15			No			15	
After Care	PM Bell - 6:00 PM	17			School			17	