



BAYFIELD FAMILY CENTER AFTERSCHOOL / DELAYED

START / SUMMER ENRICHMENT PROGRAM

October Calendar Registration Year 17-18

970-759-2148 bayfieldafterschool@lpfcc.org

Office use only:
 Reg. rate:
 Drop in rate:
 Date Received _____
 Staff In. _____
 Date Pmt Received _____

STUDENT'S NAME: _____

STUDENT'S NAME: _____

STUDENT'S NAME: _____

October 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19 No School K-5 BFC Open Full Day
22 No School BFC Open Full Day	23	24	25	26 No School K-5 BFC Open Full Day
29	30	31		

Regular Afterschool Rate
 Rate: \$11.00/Full day \$32.00
 Free/Reduced: \$9.00/Full day \$30.00

Drop in rate (subject to availability)
 Drop In: \$16.00/Full day \$37.00
 Free/Reduced Drop- In Rate: \$14.00/ Full day: \$32.00

Total Afterschool Days: _____ x \$11/9 (Free/Reduced rate only) = \$ _____
 x \$16/\$14 (Drop-In)
 Total Full Days: _____ x \$32/\$30(Free/Reduced rate only) = \$ _____
 x \$37/\$32(Drop-In)
 Smart Care Tech Fee per Child per Month=\$3.00 x _____ = \$ _____
Please Pay on Smart Care TOTAL DUE with Calendar. = \$ _____

***To qualify for the regular rate of \$11/\$32 for Afterschool/Full Day. The calendar must be turned in to the Director and Paid on or before September 10th. Payment must be made when your calendar is turned in to reserve your child's spot. I understand that any days marked on calendar is what I will be charged. BFC will not credit or swap days that are unused. Additions/changes made after September 10th subject to availability and must be paid at the Drop-In rate \$16/\$14, prior to your child attending that day. Please call prior to check for drop-in availability at (970) 759-2148.

This calendar is your INVOICE for the month. Please total your amount due and submit payment through our payment portal on Smart Care.

By signing this calendar, you are agreeing to the terms above and confirming payment has been made.
 For questions regarding calculating your invoice, please contact billing@lpfcc.org or tori@lpfcc.org.

PAYMENT RECEIPT MUST ACCOMPANY THIS FORM IN ORDER FOR REGISTRATION TO OCCUR.
WE WILL NOT ACCEPT ANY CALENDAR WITHOUT PROOF OF PAYMENT ATTACHED.!

PARENT/GUARDIAN SIGNATURE & DATE: _____

EMAIL & PHONE: _____

TAX ID/ EIN#: 84-0988973 please use this number for tax purposes