



Dear Aspen Parents,

To ensure proper staffing and snacks for our Before/After school program, Aspen has implemented the following. Parents will choose which days and blocks needed on a monthly basis for each month of the school year. We have provided the forms for each month, and you can find these in your enrollment packet or on our website under Current Families. Please fill these sheets out using the following procedure.

Note: Only students attending the second afternoon block (4:30 -5:30) will be provided a snack.

**PLEASE READ CAREFULLY.**

1. Please fill out the Before/After care application form and attach the one time (per family) fee of \$50.00 before using the program.
2. Circle which days on the monthly calendar you are choosing for your student(s) in the a.m., or p.m. section. Write in your total of a.m. and p.m. blocks on the appropriate lines.
3. Fill in the monthly cost by adding total blocks x \$8.00 per block
4. Fill in rest of form **with Child's name, Teachers name, and your signature**
5. Attach the total amount due and turn in to Business Manager by the 20<sup>th</sup> of the month prior to the month you are using the program.

*If you have more than one student and they are not attending Eagles Nest on the same days, please fill out a separate form for each student.*

Please allow adequate time to get to school to pick up your students or plan to have an additional contact person to pick up your student if you not able to arrive by the end of the block you signed up for. If your student (s) are not picked on time, you will be charged an emergency drop in fee of **\$50 per child and \$1.00 per minute** until your child is picked up. If these fees are not paid before the next days of care, you will be required to bring current and pay any late fees that may apply before your child can attend care on the following month. Chronic tardiness may result in removal of the program.

Aspen does not provide drop in or unscheduled care. All payments and calendars are due before the month your child needs to use the program. If you need further information or have any additional questions please call Mrs. Hummel at 952-226-5942.

Thank you, and I look forward to working with you.

Diane Hummel  
Business Manager  
[diane.hummel@aspenacademymn.org](mailto:diane.hummel@aspenacademymn.org)

## 2016-2017 Pricing Table for Eagle's Nest

1x8 = 8.00	11x8=88.00	21x8=168.00	31x8=248.00	41x8=328.00
2x8= 16.00	12x8=96.00	22x8=176.00	32x8=256.00	42x8=336.00
3x8= 24.00	13x8=104.00	23x8=184.00	33x8=264.00	43x8=344.00
4x8= 32.00	14x8=112.00	24x8=192.00	34x8=272.00	44x8=352.00
5x8= 40.00	15x8=120.00	25x8=200.00	35x8=280.00	45x8=360.00
6x8= 48.00	16x8=128.00	26x8=208.00	36x8=288.00	46x8=368.00
7x8= 56.00	17x8=136.00	27x8=216.00	37x8=296.00	47x8=376.00
8x8= 64.00	18x8=144.00	28x8=224.00	38x8=304.00	48x8=384.00
9x8= 78.00	19x8=152.00	29x8=232.00	39x8=312.00	49x8=392.00
10x8=80.00	20x8=160.00	30x8=240.00	40x8=320.00	50x8=400.00



# August/September 2016

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.** The amount per block or any portion of a block is \$8.00

### ATTENTION PARENTS: PLEASE READ THE FRONT AND THE BACK OF THIS FORM

Please take note of our tax identification number to use on your income tax forms. The number is 26-1305369.

Please complete this portion:

BEFORE CARE – SEPTEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
29	30	31	1	2
	6	7	8	9
12	13	14	15	16
19	20	21	22	
26	27	28	29	30

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian

Make checks payable to:

**Aspen Academy**

Please include child's first & last name on the check. Turn in to Mrs. Hummel

AFTER CARE – SEPTEMBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
29	30	31	1	2
	6	7	8	9
12	13	14	15	16
19	20	21	22	
26	27	28	29	30

AFTER CARE – SEPTEMBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
29	30	31	1	2
	6	7	8	9
12	13	14	15	16
19	20	21	22	
26	27	28	29	30

SEPT 5<sup>TH</sup> – NO SCHOOL

SEPT 23<sup>RD</sup> – NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount Received \_\_\_\_\_ Date \_\_\_\_\_ Method of Payment \_\_\_\_\_



# OCTOBER 2016

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.** The amount per block or any portion of the block is \$8.00

### ATTENTION PARENTS: PLEASE READ THE FRONT AND THE BACK OF THIS FORM

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Please complete this portion:

Make checks payable to:

**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

BEFORE CARE - OCTOBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	14
17	18	19		
24	25	26	27	28
31				

AFTER CARE – OCTOBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	NOON
17	18	19		
24	25	26	27	28
31				

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian  
\_\_\_\_\_

AFTER CARE – OCTOBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	NOON
17	18	19		
24	25	26	27	28
31				

OCT – 14<sup>TH</sup> NOON DISMISSAL No Aftercare (P.M.)  
OCT - 21-22 NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount \_\_\_\_\_

Method of \_\_\_\_\_

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# NOVEMBER 2016

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

### ATTENTION PARENTS: PLEASE READ THE FRONT AND THE BACK OF THIS FORM

Please take note of our tax identification number to use on your income tax forms.  
The number is 26-1305369.

Please complete this portion:

Make checks payable to:

**Aspen Academy**

Please include child's first & last name on the check. **Turn in to Mrs. Hummel**

BEFORE CARE - NOVEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	
7	8	9	10	11
14	15	16	17	18
21	22			
28	29	30		

AFTER CARE - NOVEMBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	
2:00	8	9	10	11
14	15	16	17	18
21	NOON			
28	29	30		

AFTER CARE - NOVEMBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	
2:00	8	9	10	11
14	15	16	17	18
21	NOON			
28	29	30		

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

NOV 7<sup>TH</sup> , Nov 22nd NO AFTERCARE

NOV 4,23-25 - NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# DECEMBER 2016

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

### ATTENTION PARENTS: PLEASE READ THE FRONT AND THE BACK OF THIS FORM

Please take note of our tax identification number to use on your income tax forms.  
The number is 26-1305369.

Please complete this portion:

#### BEFORE CARE - DECEMBER

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21		

#### AFTER CARE – DECEMBER Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			1	2
5	6	7	8	9
12	13	14	15	NOON
19	20	21		

#### AFTER CARE – DECEMBER Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			1	2
5	6	7	8	9
12	13	14	15	NOON
19	20	21		

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_

DECEMBER 22-31 – NO SCHOOL

DECEMBER 16 th - NO AFTERCARE

### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# JANUARY 2017

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

### ATTENTION PARENTS: PLEASE READ THE FRONT AND THE BACK OF THIS FORM

Please take note of our tax identification number to use on your income tax forms.  
The number is 26-1305369.

Please complete this portion:

Make checks payable to:

**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

#### BEFORE CARE - January

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	3	4	5	6
9	10	11	12	13
	17	18	19	20
23	24	25	26	27
30	31			

#### AFTER CARE – January Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	3	4	5	6
9	10	11	12	13
	17	18	19	20
23	24	25	26	27
30	31			

#### AFTER CARE – January Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	3	4	5	6
9	10	11	12	13
	17	18	19	20
23	24	25	26	27
30	31			

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

*No School January 2,16*

#### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# FEBRUARY 2017

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

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The number is 26-1305369.

Please complete this portion:

Make checks payable to:

**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

BEFORE CARE - February				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	3
6	7	8	9	10
13	14	15	16	17
	21	22	23	24
27	28			

AFTER CARE – February Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	3
6	7	8	9	10
13	14	15	16	NOON
	21	22	23	24
27	28			

AFTER CARE – February Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	3
6	7	8	9	10
13	14	15	16	NOON
	21	22	23	24
27	28			

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

2/17, NO AFTERCARE 2/20, NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount \_\_\_\_\_

Method of \_\_\_\_\_

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_





# MARCH 2017

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

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Please take note of our tax identification number to use on your income tax forms.  
The number is 26-1305369.

Please complete this portion:

**Make checks payable to:**

**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

#### BEFORE CARE - MARCH

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	
6	7	8	9	10
20	21	22	23	
27	28	29	30	31

#### AFTER CARE – MARCH Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	
6	7	8	9	10
20	21	22	2:00	
27	28	29	30	31

#### AFTER CARE – MARCH Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	
6	7	8	9	10
20	21	22	2:00	
27	28	29	30	31

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

MAR 13-17, NO SCHOOL - MAR 23<sup>RD</sup> NO AFTERCARE

MAR 3<sup>RD</sup> AND 24<sup>TH</sup> – NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# APRIL 2017

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

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The number is 26-1305369.

Please complete this portion:

Make checks payable to:

**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

BEFORE CARE - APRIL				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	
17	18	19	20	21
24	25	26	27	28

AFTER CARE – APRIL Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	
17	18	19	20	21
24	25	26	27	28

AFTER CARE – APRIL Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7
10	11	12	13	
17	18	19	20	21
24	25	26	27	28

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

APRIL 14<sup>TH</sup> – NO SCHOOL

### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_



# MAY/JUNE 2017

## BEFORE AND AFTER CARE CALENDAR

In order to ensure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. **No credit will be issued for unused days.**

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**Aspen Academy**

*Please include child's first & last name on the check. Turn in to Mrs. Hummel*

#### BEFORE CARE - JUNE

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
	30	31	6/1	

#### AFTER CARE – JUNE Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
	30	31	6/1	NOON

# of Blocks A.M. \_\_\_\_\_

# of Blocks P.M. \_\_\_\_\_

=Monthly Cost \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Teacher \_\_\_\_\_

Signature of Parent/Guardian  
\_\_\_\_\_

#### AFTER CARE – JUNE Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
	30	31	6/1	NOON

MAY 29<sup>TH</sup>, NO SCHOOL 9<sup>TH</sup> – JUNE 2<sup>ND</sup> – NO AFTERCARE

#### TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received \_\_\_\_\_

Date \_\_\_\_\_

Payment \_\_\_\_\_