



Dear Aspen Parents,

To ensure proper staffing for our Before/After school program, Aspen has implemented the following. Parents will choose which days and blocks are 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 Parents (tab). Please fill these sheets out using the following procedure.

Note: Before Care hours: 7:00 – 8:15.

After Care hours: 3:30 – 4:30 for (Block 1) and 4:30 to 5:30 for (Block 2)

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 the days on the monthly calendar you are choosing for your student in the a.m., or p.m. section. Add total of both sections and write in Total Days section.
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. We will not accept calendars without this information.
5. Attach the total amount due and turn in to Business Manager by the 20th 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 are 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 your student's next scheduled day 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 from program.

Aspen does not provide drop in or unscheduled care. All payments and calendars are due by the 20th of the month before 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



2017-2018 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



September 2018

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.

Make checks payable to: Aspen Academy

Please include child's first & last name on the check.

Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – SEPTEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

AFTER CARE – SEPTEMBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

of Blocks A.M. _____

of Blocks P.M. _____

X \$8.00/ea = Monthly Cost _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

AFTER CARE – SEPTEMBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____



October 2018

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

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Please include child's first & last name on the check.

Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – OCTOBER				
<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		
22	23	24	25	26
29	30	31		

AFTER CARE – OCTOBER 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			
22	23	24	25	26
29	30	31		

of Blocks A.M. _____

of Blocks P.M. _____

X \$8.00/ea = 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>
1	2	3	4	5
8	9	10	11	12
15	16			
22	23	24	25	26
29	30	31		

Oct 17th – No After Care (Noon Dismissal)
 Oct 18th -19th – No School (MEA Break)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____



November 2018

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

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

Please Complete this portion:

BEFORE CARE – NOVEMBER				
<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
26	27	28	29	

AFTER CARE – NOVEMBER 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	16
26	27	28	29	

of Blocks A.M. _____
 # of Blocks P.M. _____
 X \$8.00/ea = Monthly Cost _____
 Amount Enclosed _____

AFTER CARE – NOVEMBER 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	16
26	27	28	29	

Child's Name _____
 Child's Teacher _____
Signature of Parent/Guardian

Nov 19th-20st – No School (Conferences)
 Nov 21nd-23th – No School (Thanksgiving Break)
 Nov 30 – No School (Grading)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



December 2018

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

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The number is 26-1305369.

Make checks payable to: Aspen Academy

Please include child's first & last name on the check.

Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – DECEMBER				
<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	20	21

AFTER CARE – DECEMBER 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	14
17	18	19	20	

of Blocks A.M. _____

of Blocks P.M. _____

X \$8.00/ea = Monthly Cost _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

AFTER CARE – DECEMBER 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	14
17	18	19	20	

Dec 21st – No After Care (Noon Dismissal)
Dec 24 -31 – No School (Winter Break)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____



January 2019

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

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The number is 26-1305369.

Make checks payable to: Aspen Academy
Please include child's first & last name on the check.
Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – JANUARY				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			3	4
7	8	9	10	11
14	15	16	17	18
	22	23	24	25
28	29	30	31	

AFTER CARE – JANUARY Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			3	4
7	8	9	10	11
14	15	16	17	18
	22	23	24	25
28	29	30	31	

of Blocks A.M. _____
 # of Blocks P.M. _____
 X \$8.00/ea = Monthly Cost _____
 Amount Enclosed _____

Child's Name _____
 Child's Teacher _____

Signature of Parent/Guardian

AFTER CARE – JANUARY Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			3	4
7	8	9	10	11
14	15	16	17	18
	22	23	24	25
28	29	30	31	

^{st nd}
 Jan 1 - 2 – No School (Winter Break)
_{st}
 Jan 21 – No School (MLK Day)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



February 2019

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

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The number is 26-1305369.

Make checks payable to: Aspen Academy
Please include child's first & last name on the check.
Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – FEBRUARY				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	15
	19	20	21	22
25	26	27	28	

AFTER CARE – FEBRUARY Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	15
	19	20	21	22
25	26	27	28	

of Blocks A.M. _____
 # of Blocks P.M. _____
 X \$8.00/ea = Monthly Cost _____
 Amount Enclosed _____

AFTER CARE – FEBRUARY Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	15
	19	20	21	22
25	26	27	28	

Child's Name _____
 Child's Teacher _____

Signature of Parent/Guardian

Feb 18th – No School (President's Day)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



March 2019

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

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Please include child's first & last name on the check.

Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – MARCH				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	
18	19	20	21	22
25	26	27	28	

AFTER CARE – MARCH Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	
18	19	20	21	22
25	26	27		

of Blocks A.M. _____

of Blocks P.M. _____

X \$8.00/ea = Monthly Cost _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

AFTER CARE – MARCH Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6	7	8
11	12	13	14	
18	19	20	21	22
25	26	27		

Mar 15th – No School (Grading)

Mar 28th – Noon Dismissal (Conferences)

Mar 29th – No School

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____



April 2019

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

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The number is 26-1305369.

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

Please Complete this portion:

BEFORE CARE – APRIL				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

AFTER CARE – APRIL BIK #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
8	9	10	11	12
15	16	17	18	
22	23	24	25	26
29	30			

of Blocks A.M. _____
of Blocks P.M. _____
X \$8.00/ea = Monthly Cost _____
Amount Enclosed _____

AFTER CARE – APRIL BIK #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
8	9	10	11	12
15	16	17	18	
22	23	24	25	26
29	30			

Child's Name _____
Child's Teacher _____

Signature of Parent/Guardian

st th
Apr 1 - 5 – No School (Spring Break)
April 19 – Noon Dismissal

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



May 2019

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

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

Please Complete this portion:

BEFORE CARE – MAY				
<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
20	21	22	23	24
	28	29	30	31

AFTER CARE – MAY 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	17
20	21	22	23	24
	28	29	30	31

of Blocks A.M. _____
 # of Blocks P.M. _____
 X \$8.00/ea = Monthly Cost _____
 Amount Enclosed _____

AFTER CARE – MAY 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	17
20	21	22	23	24
	28	29	30	31

Child's Name _____
 Child's Teacher _____

Signature of Parent/Guardian

May 27th – No School (Memorial Day)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



June 2019

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

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Please include child's first & last name on the check.

Turn in to Mrs. Hummel

Please Complete this portion:

BEFORE CARE – JUNE				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	7

AFTER CARE – JUNE Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
3	4	5	6	

of Blocks A.M. _____

of Blocks P.M. _____

X \$8.00/ea = 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>
3	4	5	6	

June 7th – Noon Dismissal (Last Day of School)

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____