



Dear Aspen Parents,

To ensure proper staffing for the Before/After school program, Aspen has implemented the following. Parents will choose which days and hours (blocks) needed on a monthly basis for each month. Attached are the forms for each month, you may also find these in your enrollment packet or on our website under current families. Please fill these sheets out using the following procedure.

Note: **Before Care Hours: 7:00 a.m. – Start of school day**
After Care Hours : End of school day to 5:30 p.m.

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**
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 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 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

2019-2020 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 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

ATTENTION PARENTS: PLEASE FILL IN ENTIRE 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 - SEPTEMBER

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

AFTER CARE – SEPTEMBER 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
16	17	18	19	20
23	24	25	26	27
30				

AFTER CARE – SEPTEMBER 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
16	17	18	19	20
23	24	25	26	27
30				

*Sept 3rd First day of school 2-8 grade
Sept 5th First day of school K-1st grade*

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____

Date _____

Method of Payment _____



October 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

ATTENTION PARENTS: PLEASE FILL IN ENTIRE 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 - OCTOBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	4
7	8	9	10	11
14	15	16		
	22	23	24	25
28	29	30	31	

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

AFTER CARE – OCTOBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	4
7	8	9	10	11
14	15			
	22	23	24	25
28	29	30	31	

Child's Name _____

AFTER CARE – OCTOBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	2	3	4
7	8	9	10	11
14	15			
	22	23	24	25
28	29	30	31	

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

October 16th No P.M. aftercare
 October 17,18,21 No School

TO BE COMPLETED BY BUSINESS OFFICE

Amount Received _____ Date _____ Method of Payment _____



November 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 the block is \$8.00

ATTENTION PARENTS: PLEASE FILL IN ENTIRE 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
4	5	6	7	
11	12	13	14	15
18	19	20	21	22
25	26			

AFTER CARE – NOVEMBER Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6		
11	12	13	14	15
18	19	20	21	22
25	26			

AFTER CARE – NOVEMBER Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
				1
4	5	6		
11	12	13	14	15
18	19	20	21	22
25	26			

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian

*Nov – 7th , No Aftercare (P.M.)
No School – November 8th, 27-29*

TO BE COMPLETED BY BUSINESS OFFICE

Amount _____

Method of _____

Received _____

Date _____

Payment _____



December 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.**

ATTENTION PARENTS: PLEASE FILL IN ENTIRE 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>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20

AFTER CARE – DECEMBER Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20

AFTER CARE – DECEMBER Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20

No School December 23-31

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount _____ Method of _____
Received _____ Date _____ Payment _____



January 2020

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 FILL IN ENTIRE 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>
			2	3
6	7	8	9	10
13	14	15	16	17
	21	22	23	
27	28	29	30	31

AFTER CARE – JANUARY Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			2	3
6	7	8	9	10
13	14	15	16	17
	21	22		
27	28	29	30	31

AFTER CARE – JANUARY Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			2	3
6	7	8	9	10
13	14	15	16	17
	21	22		
27	28	29	30	31

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian

No School January 1st, 20,24

No aftercare January (p.m.) Jan 23rd

TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received _____

Date _____

Payment _____



February 2020

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 FILL IN ENTIRE 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 - FEBRUARY

<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
	18	19	20	21
24	25	26	27	28

AFTER CARE – FEBRUARY 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
	18	19	20	21
24	25	26	27	28

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

AFTER CARE – FEBRUARY 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
	18	19	20	21
24	25	26	27	28

No School Feb 17th

TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received _____

Date _____

Payment _____



March 2020

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 FILL IN ENTIRE 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 - MARCH				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
30	31			

AFTER CARE – MARCH Blk #1				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
30	31			

AFTER CARE – MARCH Blk #2				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
30	31			

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

No School March 23-27

TO BE COMPLETED BY BUSINESS OFFICE

Amount _____

Method of _____

Received _____

Date _____

Payment _____



April 2020

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 FILL IN ENTIRE 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 - APRIL

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1	2	
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

AFTER CARE – APRIL Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1		
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

AFTER CARE – APRIL Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
		1		
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

No aftercare April 2nd. No school April 3rd

TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received _____

Date _____

Payment _____



May 2020

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 FILL IN ENTIRE 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 - MAY				
<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
18	19	20	21	22
	26	27	28	29

AFTER CARE – MAY 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
18	19	20	21	22
	26	27	28	29

AFTER CARE – MAY 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
18	19	20	21	22
	26	27	28	29

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

No School May 25th

TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received _____

Date _____

Payment _____



June 2020

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 FILL IN ENTIRE 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 - JUNE

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3	4	

AFTER CARE – JUNE Blk #1

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3		

AFTER CARE – JUNE Blk #2

<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3		

Child's Name _____

Total Blocks _____ x \$8.00 = _____

Amount Enclosed _____

Child's Teacher _____

Signature of Parent/Guardian _____

No aftercare June 4th – last day of school

TO BE COMPLETED BY BUSINESS OFFICE

Amount

Method of

Received _____

Date _____

Payment _____