



Dear Aspen Parents,

To ensure proper staffing for the Before/After school program, Aspen requires parents to pre-register and pay for the care one month in advance. Please choose which sessions are needed monthly for each month of the school year. The forms for each sessions are attached or you can download them on our website @ www.aspenacademymn.org Please fill these sheets out using the following procedure.

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 sessions on the monthly calendar you are choosing for your student for a.m. or p.m. sessions.
3. Fill in rest of form with Child's name, Teachers name, and your signature. We will not accept calendars without this information.
4. 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.

Note: Before Care hours: 7:00 – 8:40 - \$12

After Care hours: 4:00 – 5:30 - \$12

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

August/September 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. Morning cost: \$12.00. Afternoon cost: \$12.00.**

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.

BEFORE CARE – SEPTEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
8/31	1	2	3	4
	8	9	10	11
14	15	16	17	18
21	22	23	24	26
28	29	30		

BEFORE CARE – SEPTEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
8/31	1	2	3	4
	8	9	10	11
14	15	16	17	18
21	22	23	24	26
28	29	30		

of A.M. @ \$ 12 _____

of P.M. @ \$ 12 _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

No school Sept 7th Labor Day

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



October 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. Morning cost: \$12.00. Afternoon cost: \$12.00.**

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 – OCTOBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			1	2
5	6	7	8	9
12	13			
19	20	21	22	23
26	27	28	29	30

AFTER CARE – OCTOBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
			1	2
5	6	7	8	9
12				
19	20	21	22	23
26	27	28	29	30

Sessions A.M.@12 _____

Sessions P.M.@12 _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

No Aftercare Oct 13-14-early release
No School Oct 14-16

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



November 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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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

AFTER CARE – NOVEMBER				
<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
23	24			
30				

AFTER CARE – NOVEMBER				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
2	3	4	5	6
9	10	11	12	
16	17	18	19	20
23	24			
30				

#Sessions A.M.@12 _____

Sessions P.M.@12 _____

Amount Enclosed _____

No Aftercare Nov 13
No School Nov 25-27

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



December 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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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 – DECEMBER				
<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	17	18
21	22			

BEFORE CARE – DECEMBER				
<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	17	18
21	22			

No School Dec 23 – Jan 1- Winter Break

Sessions A.M. @ \$12 _ _ _

Sessions P.M. @ \$12 _ _ _

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



January 2021

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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

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

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

Sessions A.M. @ \$12 _____

Sessions P.M. @ 12 _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

No School Jan 18th MLK

No School Jan 29th

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



February 2021

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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

BEFORE CARE – FEBRUARY				
<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
	16	17	18	19
22	23	24	25	26

BEFORE CARE – FEBRUARY				
<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
			18	19
22	23	24	25	26

Sessions A.M.@12 _____

Sessions P.M.@12 _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

No School February 15th
No Aftercare Feb 16-17 (early release)

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



March 2021

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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

BEFORE CARE – MARCH				
<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
29	30	31		

BEFORE CARE – MARCH				
<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	
29	30	31		

Sessions A.M.@ 12 _____

Sessions P.M.@12 _____

Amount Enclosed _____

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



April 2021

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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

BEFORE CARE – APRIL				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1				
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

BEFORE CARE – APRIL				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1				
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Sessions A.M.@12 _____

Sessions P.M.@12 _____

Amount Enclosed _____

No School April 2nd

No School April 5-9 – Spring Break

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



May 2021

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. Morning cost : \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

BEFORE CARE – MAY				
<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
24	25	26	27	28

BEFORE CARE – MAY				
<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
24	25	26	27	28

Sessions A.M.@ 1 2 _____

Sessions P.M.@ 1 2 _____

Amount Enclosed _____

No School May 31st

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____



June 2021

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. Morning cost: \$12.00. Afternoon cost: \$12.00**

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.

Please Complete this portion:

BEFORE CARE – JUNE				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2	3		

BEFORE CARE – JUNE				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
1	2			

Sessions A.M.@\$12 _____

Sessions P.M.@ \$ 12 _____

Amount Enclosed _____

No Aftercare June 3rd

Child's Name _____

Child's Teacher _____

Signature of Parent/Guardian

TO BE COMPLETED BY BUSINESS OFFICE

Amount
Received _____

Date _____

Method of
Payment _____