

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 days and sessions are needed on a monthly basis for each month of the school year. The forms for each month are attached or you can download them on our website @ www.aspenacademymn.org under Parents (tab). Please fill these sheets out using the following procedure.

Note: Before Care hours: 7:00 - 8:30After Care hours: 4:00 - 5:30

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.
- 3. Fill in the monthly cost by adding total sessions x 12.00 per session or any portion of a session.
- 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 <u>drop in</u> or <u>unscheduled care</u>. 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



2021 - 2022 Pricing Table for Eagle's Nest

1x12 = 12.00	11x12=144.00	21x12=276.00	31x12=396.00
2x12= 24.00	12x12=156.00	22x12=288.00	32x12=420.00
3x12= 48.00	13x12=168.00	23x12=300.00	33x12=432.00
4x12= 60.00	14x12=180.00	24x12=312.00	34x12=444.00
5x12= 72.00	15x12=192.00	25x12=324.00	35x12=456.00
6x12= 84.00	16x12=204.00	26x12=336.00	36x12=468.00
7x12= 96.00	17x12=228.00	27x12=348.00	37x12=480.00
8x12= 108.00	18x12=240.00	28x12=360.00	38x12=492.00
9x12= 120.00	19x12=252.00	29x12=372.00	39x12=504.00
10x12=132.00	20x12=264.00	30x12=384.00	40x12=516.00



August – September 2021

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher_____

P.M. Block 4:00-5:30

Child's Name _____

A.M. Block 7:00 – 8:30

M	Т	W	TH	FRI		M	Т	W	TH	FRI
	31	1	2	3			31	XXX	2	3
XXX	7	8	9	10		XXX	7	8	9	10
13	14	15	16	17		13	14	15	16	17
20	21	22	23	24		20	21	22	23	24
27	28	29	30			27	28	29	30	
TOTAL TOTAL AMOU	# AM SES # PM SES	SSIONS _ SSIONS _ OSED _						able		
то	ве сомі	PLETED B	Y BUSINI	ESS OFFIC	 CE					
AMOU	NT RCVD	·		DATE_		PI	MT TYP	E		



Before and After Care Calendar October 2021

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher_____

P M Block 4:00 - 5:30

Child's Name _____

Δ M Block 7:00 - 8:30

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M	Т	W	TH	FRI	M	Т	W	TH	FRI
				1					1
4	5	6	7	8	4	5	6	7	8
11	12	13	14	15	11	12	13	14	15
18	19	xxx	xxx	xxx	18	XXX	XXX	XXX	xxx
25	26	27	28	29	25	26	27	28	29
TOTAL TOTAL AMOU	# AM SE # PM SE: NT ENCL ure of Pa	SSIONS _ SSIONS _ OSED _ rent/Gua	ardian						
			USINESS		 P	МТ ТҮР	PE		



November 2021

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher_____

Child's Name _____

A.M. Bl	ock 7:00	- 8:30			P.M. B	lock 4:	00 – 5:3	30	
M	Т	W	TH	FRI	M	Т	W	TH	FRI
1	2	3	4	xxx	1	2	3	4	xxx
8	9	10	11	12	8	9	10	11	12
15	16	17	18	19	15	16	17	18	19
22	23	xxx	xxx	xxx	22	23	xxx	XXX	xxx
29	30				29	30			
AMOL	. # PM SE JNT ENCL ure of Pa	.OSED _							
то ве	COMPLE	TED BY B	USINESS	OFFICE					
AMOL	JNT RCVE			DATE_	 PI	MT TYF	PE		



December 2021

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Child's Name _____

Teacher_____

A.M. BI	ock 7:00	- 8:30			P.IV	I. Block	4:00 – 5	:30	
M	Т	W	TH	FRI	M	Т	W	TH	FRI
		1	2	3			XXX	2	3
6	7	8	9	10	6	7	8	9	10
13	14	15	16	17	13	14	15	16	17
20	21	XXX	XXX	XXX	20	21	XXX	XXX	XXX
XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	
AMOU	NT ENCLO	OSED	rdian		 				
TO BE	COMPLET	ED BY BU	JSINESS O	FFICE	 				
AMOU	NT RCVD			DATE	 	PMT T	/PE		



Before and After Care Calendar January 2022

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

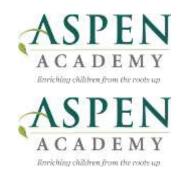
Child's Name _____

A.M. Block 7:00 - 8:30

Teacher

P.M. Block 4:00 - 5:30

Т		W	TH	FRI	M	Т	W	TH	FRI
4 !		5	6	7	3	4	5	6	7
11	_	12	13	14	10	11	XXX	13	14
18		19	20	XXX	XXX	18	19	20	XXX
25		26	27	28	24	25	26	27	28
					31				
10U	NT ENCL	OSED _							_
BE (COMPLE	TED BY B	USINESS	OFFICE					Т
U	NT RCVD)		DATE_	 P	MT TYI	PE		



February 2022

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher_____

Child's Name _____

A.M. Bl	ock 7:00	-8:30			P.M.	Block 4	:00 – 5:3	30	
M	Т	W	TH	FRI	M	Т	W	TH	FRI
	1	2	3	4		1	2	3	4
7	8	9	10	11	7	8	9	10	11
14	15	16	17	18	14	15	16	17	18
XXX	22	23	24	25	XXX	22	XXX	XXX	25
28					28				
TOTAL TOTAL AMOU	# AM SE # PM SE INT ENCL ure of Pa	SSIONS _ SSIONS _ OSED _ rent/Gua	ardian			. 13 uvui			
то ве	COMPLE	TED BY B	USINESS	OFFICE					





To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Child's Name	Teacher	

A.M. Block 7:00 - 8:30

M	Т	W	TH	FRI
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

P.M. Block 4:00 - 5:30

M	Т	W	TH	FRI
	1	2	3	4
7	8	9	10	11
14	15	XXX	17	18
21	22	23	24	XXX
28	29	30	31	

Note: Date(s) marked with xxx indicates no before/aftercare is available
TOTAL # AM SESSIONS
TOTAL # PM SESSIONS
AMOUNT ENCLOSED
Signature of Parent/Guardian
TO BE COMPLETED BY BUSINESS OFFICE



April - 2022

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher

P.M. Block 4:00 – 5:30

Child's Name

A.M. Block 7:00 – 8:30

XXX XXX XXX XXX XXX S		Т	W	TH	FRI
11 12 13 14 18 19 20 21 25 26 27 28 dicates no before/aftercare is available					1
18 19 20 21 25 26 27 28 dicates no before/aftercare is available	XXX XXX	XXX		XXX	XXX
25 26 27 28 dicates no before/aftercare is available	12 13 14	13 14	14		15
ates no before/aftercare is available	19 20 21 22	20 21 22	21 22	22	
	26 27 28 29	27 28 29	28 29	29	
	# AM SESSIONS # PM SESSIONS NT ENCLOSED	SSIONS SSIONS OSED			
	Pate(s) marked with xxx indicates in the second sec	SSIONSSSIONS			
	# AM SESSIONS # PM SESSIONS NT ENCLOSED	SSIONSSSIONS			
	# AM SESSIONS # PM SESSIONS NT ENCLOSED	SSIONS SSIONS OSED rent/Guardian	ardian		



May - 2022

To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Child's Name _____

Teacher

A.M. Block 7:00 – 8:30					P.M. Block 4:00 – 5:30					
M	Т	W	TH	FRI	M	Т	W	TH	FRI	
2	3	4	5	6	2	3	4	5	6	
9	10	11	12	13	9	10	11	12	13	
16	17	18	19	20	16	17	18	19	20	
23	24	25	26	27	23	24	25	26	27	
XXX	31				XXX	31				
TOTAL	.# PM SI INT ENC	ESSIONS LOSED	ardian _							
			BUSINES							



To ensure proper staffing please complete this form and return it with full payment by 20th of the month prior to use. No refunds/credits will be issued for unused days.

Teacher_____

Child's Name _____

M		A.M. Block 7:00 – 8:30						P.M. Block 4:00 – 5:30				
	Т	W	TH	FRI	M	Т	W	TH	FR			
		1	2	XXX			1	2	XXX			
TOTAL	# AM SE # PM SE	SSIONS	with xxx		aftercare i	is avai	lable					
Signatı	ıre of Pa	rent/Gu	ardian									
TO BE	COMPLE	TED BY E	BUSINESS	OFFICE								