



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 – 8:30
After 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 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



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



Before and After Care Calendar

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.

Child's Name _____

Teacher _____

A.M. Block 7:00 – 8:30

M	T	W	TH	FRI
	31	1	2	3
xxx	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

P.M. Block 4:00– 5:30

M	T	W	TH	FRI
	31	xxx	2	3
xxx	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



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.

Child's Name _____

Teacher _____

A.M. Block 7:00 – 8:30

M	T	W	TH	FRI
				1
4	5	6	7	8
11	12	13	14	15
18	19	xxx	xxx	xxx
25	26	27	28	29

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
				1
4	5	6	7	8
11	12	13	14	15
18	xxx	xxx	xxx	xxx
25	26	27	28	29

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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



Before and After Care Calendar

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.

Child's Name _____

Teacher _____

A.M. Block 7:00 – 8:30

M	T	W	TH	FRI
1	2	3	4	xxx
8	9	10	11	12
15	16	17	18	19
22	23	xxx	xxx	xxx
29	30			

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
1	2	3	4	xxx
8	9	10	11	12
15	16	17	18	19
22	23	xxx	xxx	xxx
29	30			

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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



Before and After Care Calendar

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. Block 7:00 – 8:30

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	XXX	XXX	XXX
XXX	XXX	XXX	XXX	

M	T	W	TH	FRI
		XXX	2	3
6	7	8	9	10
13	14	15	16	17
20	21	XXX	XXX	XXX
XXX	XXX	XXX	XXX	

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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



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 _____

Teacher _____

A.M. Block 7:00 – 8:30

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
3	4	5	6	7
10	11	12	13	14
XXX	18	19	20	XXX
24	25	26	27	28
31				

M	T	W	TH	FRI
3	4	5	6	7
10	11	XXX	13	14
XXX	18	19	20	XXX
24	25	26	27	28
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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



Before and After Care Calendar

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.

Child's Name _____

Teacher _____

A.M. Block 7:00 – 8:30

M	T	W	TH	FRI
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
XXX	22	23	24	25
28				

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
XXX	22	XXX	XXX	25
28				

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



Before and After Care Calendar

March 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

M	T	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	T	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



Before and After Care Calendar

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.

Child's Name _____

Teacher _____

A.M. Block 7:00 – 8:30

M	T	W	TH	FRI
				1
XXX	XXX	XXX	XXX	XXX
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

P.M. Block 4:00 – 5:30

M	T	W	TH	FRI
				1
XXX	XXX	XXX	XXX	XXX
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

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

AMOUNT RCVD _____ **DATE** _____ **PMT TYPE** _____



Before and After Care Calendar

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	T	W	TH	FRI
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
XXX	31			

M	T	W	TH	FRI
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
XXX	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



Before and After Care Calendar

June 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	T	W	TH	FRI
		1	2	XXX

M	T	W	TH	FRI
		1	2	XXX

Note: Date(s) marked with xxx indicates to before/aftercare is available

TOTAL # AM SESSIONS _____

TOTAL # PM SESSIONS _____

AMOUNT ENCLOSED _____

Signature of Parent/Guardian _____

TO BE COMPLETED BY BUSINESS OFFICE

AMOUNT RCVD _____ DATE _____ PMT TYPE _____