

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 group in or unscharded carg. 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 cell Mrs. Hummel at 952-226-5942.

Thank you, and I look forward to working with you.

Diane Hummel **Business Manager**



2022 - 2023 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 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____

FRI

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

Child's Name _____

		8/31	1	2			8/31	1	2
ххх	6	7	8	9	xxx	6	7	8	9
12	13	14	15	16	12	13	14	15	16
19	20	21	22	23	19	20	21	22	23
26	27	28	28	30	26	27	28	29	30
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Before and After Care Calendar October 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 _____

M	T	W	TH	FRI	M	T	W	TH	FRI
3	4	5	6	7	3	4	5	6	7
10	11	12	13	14	10	11	12	13	14
17	18	Xxx	Xxx	Xxx	17	Ххх	Ххх	Ххх	Xxx
24	25	26	27	28	24	25	26	27	28
31					31				
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November 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 _____

	-	_							
M	T	W	TH	FRI	M	T	W	TH	FR
	1	2	3	Xxx		1	2	3	Ххх
7	8	9	10	11	7	8	9	10	11
14	15	16	17	18	14	15	16	17	18
21	22	ххх	xxx	xxx	21	22	XXX	XXX	XXX
28	29	30			28	29	30		
TOTAL	# AM SE # PM SE	SSIONS		(Indicates no be		is avai	iable		
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December 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

M	T	W	TH	FRI	M	T	W	TH	FRI
			1	2			XXX	1	2
5	6	7	8	9	5	6	XXX	8	9
12	13	14	15	16	12	13	14	15	16
19	20	21	XXX	XXX	19	20	XXX	XXX	XXX
XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	
									
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		ED BY BUS		FICE					



Before and After Care Calendar January 2023

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 _____

M T W TH FRI

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

Teacher_____

M T W TH EDI

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

Xxx	3	4	5	6	Xxx	3	4	5	6
9	10	11	12	13	9	10	11	12	13
XXX	17	18	19	XXX	XXX	17	18	19	XXX
23	24	26	26	27	23	24	25	26	27
30	31				30	31			
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February 2023

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_____

FRI

TH

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

Child's Name _____

TH

FRI

A CO	-								
		1	2	3			1	2	3
6	7	8	9	10	6	7	xxx	9	10
13	14	15	16	17	13	14	15	16	17
XXX	21	22	23	XXX	xxx	21	22	xxx	XXX
27	28				27	28			
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AMOL					•				
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AMOL Signat	ure of Pa	rent/Gu							



March 2023

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_____

W

TH

FRI

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

M

Child's Name _____

TH

FRI

		1	2	3				1	2	3
6	7	8	9	10		6	7	8	9	10
13	14	15	16	17		1	14	XXX	16	17
20	21	22	23	24		20	21	22	23	XXX
27	28	29	30	31		27	28	29	30	31
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April - 2023

Child's Name _____

W

TH

FRI

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

T

M

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_

M

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

W

TH

FRI

	Xxx	Xxx	Xxx	Xxx	Xxx	Xxx	Xxx	Xxx	Xxx
10	11	12	13	14	10	11	12	13	14
17	18	19	20	21	17	18	19	20	21
24	25	26	27	27	24	25	26	27	28
Note:	Date(s)	marked	with xxx	indicates no b	efore/afterca	re is ava	ilable		
TOTAL	# PM SES	SSIONS _							
TOTAL AMOU Signatu	# PM SES	SSIONS _ DSED _ ent/Gua	rdian						



May - 2023

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

M	T	W	TH	FRI	M	T	W	TH	FR
1	2	3	4	5	1	2	3	4	5
3	9	10	11	12	8	9	10	11	12
5	16	17	18	19	15	16	17	18	19
2	23	24	25	26	22	23	24	25	26
XX	30	24	_						-
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June 2023

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

	lock 7:	00 – 8:	30		P.M. 1	Block	4:00 –	5:30	
M	T	W	TH	FRI	M	T	W	TH	FR
			1	2				1	xxx
	PM SES	SIONS _							
	H ENCLO	ISED							
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