

# Parkmead Keyspot August 2019

Child's Name:	Due Date: July 19, 2019
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Block User: Please circle AND indicate the days of the week for the block.

	5 days/week/month	4 days/week/month	3 days/week/month
<b>AM Ext Care</b> 7:00am – 8:00am Includes Wed Late Start	<b>\$105</b> School days only	<b>\$85</b> (School Days Only) M T W Th F	<b>\$65</b> (School Days Only) M T W Th F
PM Kinder Early Bird 1:00pm – 6:15pm	<b>\$460</b> School days only	<b>\$365</b> (School Days Only) M T W Th F	<b>\$280</b> (School Days Only) M T W Th F
<b>PM Kinder LATE Bird</b> 2:00pm – 6:15pm	<b>\$375</b> School days only	<b>\$300</b> (School Days Only) M T W Th F	<b>\$225</b> (School Days Only) M T W Th F
Kinder Full Day Block 7:00am – 6:15pm	<b>ADD AM &amp; PM Blocks</b>	<b>ADD AM &amp; PM BLOCKS</b> M T W Th F	<b>ADD AM &amp; PM BLOCKS</b> M T W Th F
<b>1<sup>st</sup> – 5<sup>th</sup> Grade PM Block</b> 2:30pm – 6:15pm	<b>\$390</b> School days only	<b>\$315</b> (School Days Only) M T W Th F	<b>\$235</b> (School Days Only) M T W Th F
1 <sup>st</sup> – 5 <sup>th</sup> Gr. Full Day Block 7:00am – 6:15pm	<b>\$495</b> School Days Only	<b>\$400</b> (School Days only) M T W Th F	<b>\$300</b> (School Days Only) M T W Th F

Hourly Users: Indicate the hours needed on each day. Multiply your total hours (round to the closest ½ hr) by the hourly rate for your tuition

MON	TUE	WED	THU	FRI	TOTAL
<b>\$280 FOR THE WHOLE WEEK</b>					
8/5 No Incoming Kinder or TK Care In-service Week \$70/day or \$8/hr	8/6 No Incoming Kinder or TK Child Care In-service Week \$70/day or \$8/hr	8/7 No Incoming Kinder or TK Care In-service Week \$70/day or \$8/hr	8/8 No Incoming Kinder or TK Care In-service Week \$70/day or \$8/hr	8/9 No Incoming Kinder or TK Care In-service Week \$70/day or \$8/hr	
8/12 KEYSPOT CLOSED	8/13 KEYSPOT CLOSED	8/14 First Day of School	8/15	8/16 Sept 2019 Contracts Due	
8/19	8/20	8/21	8/22	8/23	
8/26	8/27	8/28	8/29	8/30 Short Day Schedule	

<b>Hourly Rates</b>	Total # of Hrs (Rnd up to the Closest ½ hr)	=
<b>\$8.00/hour Regular Rate</b>	Hourly Rate	X \$
<b>10% off for Sibling</b> <b># of hours must be EQUAL TO OR LESS THAN</b> <b>Primary Child</b>	Total Amount Due	=

Payment Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_