

Hilltown Cooperative Charter Public School

Date: _____

Kids' Club After-School Sign Up

Name of Student(s): _____ Class(es) _____

Directions: Please mark the days your child or children will be attending. For multiple children, please indicate using your child's initials to distinguish between siblings

November 2015

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11 XXX	12	13
16	17	18	19	20
23	24	25 XXX	26 XXX	27 XXX
30				

* The XXX denotes days that Kids' Club will not be held

1.) Total number of days 1st Child (3-5): _____ x \$14 = _____

Total number of days 2nd+ Child (3-5): _____ x \$12 = _____

Total number of days (4:30-5) ONLY: _____ x \$5.00 = _____

2.) Total number of Wednesdays 1st Child 12:30-5pm _____ x \$27 = _____

Total number of Wednesdays 2nd + Child 12:30-5 _____ x 25 = _____

Total number of Wednesdays 1st Child 12:30-3pm _____ x \$17 = _____

Total number of Wednesdays 2nd+ Child + 12:30-3pm _____ x \$15 = _____

Total number of Wednesdays of After Chorus for 1st Child _____ x \$6.50 = _____

Total number of Wednesdays of After Chorus for 2nd + Child _____ x \$5 = _____

3.) **Weekly rate** - daily to 5 pm -1st Child (from 12:30 Wed) _____ weeks x \$83 = _____

Weekly rate - daily to 5 pm -2nd + Child (from 12:30 Wed) _____ weeks x \$73 = _____

Weekly rate - daily to 5 pm -1st Child (from 3:00 Wed) _____ weeks x \$70 = _____

Weekly rate - daily to 5 pm -2nd + Child (from 3:00 Wed) _____ weeks x \$60 = _____

SEE REVERSE SIDE FOR MORE DETAIL!

I have _____session credit(s) from cancellations due to illness/family emergency.
(Please provide dates of cancellations for verification)_____

REMINDER: You will be billed \$1 for every minute late for pick up. Checks or cash can be made directly to the staff member on duty. Thank you!

Please turn in forms as early as possible each month. With less than 24 hour notice, please contact the office for space availability.

Total Payment: _____

Parent name: _____

Parent signature: _____