Hilltown Coop Charter Public School
Kids Club After School Sign Up

Name of Student: _____ Date: _____

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.

March 2013

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
				1
4	**5**	**6**	**7**	**8**
11	**12**	**13**	**14 XXX**	**15 XXX**
18	**19**	**20**	**21**	**22**
25	**26**	**27**	**28**	**29**

* The X denotes days that After School will not be held

1.) Total number of days (M, T, Th, F) 3-5pm: _____ x $14 = _____
Total number of days 4:30-5pm :_____ x $5.00 = _____

2.) Total number of Wednesdays:
12:30-5pm _____ x $27 = _____
12:30-3pm _____ x $17 = _____
3-5pm _____ x $14 = _____

3.) Discounts:

- For pre-payment for a month or longer in advance and received by the due date, please take 10% off the *total* payment amount.

- For multiple children, please take 10% off the 2nd/3rd child. (*You may qualify for both discounts*.)

4.) I have _____session credit(s) from cancellations due to illness/family emergency.

Total Payment: _____ Payment Due Date: March 1, 2013

Parent Name:_____ (Please Print)

Parent Signature: _____