

**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

| <i>September 2014</i> | | | | |
|-----------------------|----------------|------------------|-----------------|---------------|
| <i>Monday</i> | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i> | <i>Friday</i> |
| | | 3XXX | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | Oct 1 | Oct 2 | Oct 3 |

* The X denotes days that Kid's Club will not be held

1.) Total number of days (M, T, Th, F): _____ x \$14 = _____

Total number of days 4:30-5pm ONLY: _____ 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:** September 3, 2014

Parent Name: _____ **(Please Print) Parent Signature:** _____