

**Hilltown Cooperative Charter Public School
Kids' Club After-School Sign Up**

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

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

September 2015

Monday	Tuesday	Wednesday	Thursday	Friday
		2 XXX	3	4
7 XXX	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

* **The XXX denotes days that Kid's 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 = _____
- 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 cancellation for verification) _____

REMINDER: You will be charged \$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: _____