

# Kids Klub Schedule **SEPTEMBER 2010** (Due by AUGUST 13<sup>th</sup>)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):	MacArthur	Rockfield	Amy Belle	County Line
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
August 30 FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	August 31 FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After
6 <b>NO KIDS KLUB</b>	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After
13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After
20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After
27 <input type="checkbox"/> Before <input type="checkbox"/> After	28 <input type="checkbox"/> Before <input type="checkbox"/> After	29 <input type="checkbox"/> Before <input type="checkbox"/> After	30 <input type="checkbox"/> Before <input type="checkbox"/> After	

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Family Facility Fee	\$25 per family (\$15 before Aug. 13) = \$ _____
Late Fee	_____ child(ren) x \$10 / Month = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

## Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

Cancellations will be accepted 11 business days prior to the individual date (not including the date you are cancelling) in order to receive a refund less a \$5.00 service charge or full credit to a future program. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710. This is due to the amount of supplies and staff required to run these programs.

Each **Child** will receive 5 flexible cancellation days within a 12 month period. These days can be used to receive a household credit (not refund) even after our typical cancellation policy (which is listed above). The flexible cancellation days will be accepted for Kids Klub, Playgrounds Plus and Awesome August, but are limited to 5 within a 12 month period, not per program. **Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 (not via email or through staff at your site).**

Registrations submitted after the 21<sup>st</sup> of the preceding month will be automatically charged a \$10 per child late fee. Registrations may be submitted to the Recreation Department Office, or your respective Kids Klub Site and will be date stamped upon submittal. Late fees will not be assessed to participants who are adding dates to a calendar that was submitted prior to the 21<sup>st</sup> of the preceding month. For all registrations submitted after the 21<sup>st</sup>, payment of the late fee must be included with your registration or it will not be processed and the participant will not be allowed to attend the program.

Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule OCTOBER 2010 (Due by September 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):					
MacArthur		Rockfield		Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday	
				1 <input type="checkbox"/> Before <input type="checkbox"/> After	
4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	
11 <b>Early Release</b> <input type="checkbox"/> <b>Only</b> Before <input type="checkbox"/> Early Release Inc .Before School Fee	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After	
18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	
25 <input type="checkbox"/> Before <input type="checkbox"/> After	26 <input type="checkbox"/> Before <input type="checkbox"/> After	27 <input type="checkbox"/> Before <input type="checkbox"/> After	28 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	29 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

## Please Note:

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule NOVEMBER 2010 (Due by October 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):      **MacArthur**      **Rockfield**      **Amy Belle**      **County Line**

Monday	Tuesday	Wednesday	Thursday	Friday
1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After
8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After
15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After
22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <b>Early Release</b> <input type="checkbox"/> <b>Only</b> Before <input type="checkbox"/> Early Release Inc .Before School Fee	25 <b>NO KIDS KLUB</b>	26 <b>NO KIDS KLUB</b>
29 <b>NO SCHOOL</b> <b>FULL DAY</b> choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	30 <input type="checkbox"/> Before <input type="checkbox"/> After			

### Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

Cancellations will be accepted 11 business days prior to the individual date (not including the date you are cancelling) in order to receive a refund less a \$5.00 service charge or full credit to a future program. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710. This is due to the amount of supplies and staff required to run these programs.

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule DECEMBER 2010 (Due by November 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):				
	MacArthur	Rockfield	Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday
		1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After
6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After
13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After
20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <b>Early Release</b> <input type="checkbox"/> <b>Only</b> Before <input type="checkbox"/> Early Release Inc .Before School Fee	24 <b>NO KIDS KLUB</b>
27 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	28 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	29 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	30 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	31 <b>NO KIDS KLUB</b>

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

## Please Note:

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

### Payment Method (check one)

- Check (payable to Germantown Rec. Dept.)     Cash  
 Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule JANUARY 2011 (Due by December 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):				
	MacArthur	Rockfield	Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday
3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After
10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After
17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <b>NO SCHOOL</b> <b>FULL DAY choose one:</b> <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line
24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After	26 <input type="checkbox"/> Before <input type="checkbox"/> After	27 <input type="checkbox"/> Before <input type="checkbox"/> After	28 <input type="checkbox"/> Before <input type="checkbox"/> After
31 <input type="checkbox"/> Before <input type="checkbox"/> After				

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

## Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

## Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule FEBRUARY 2011 (Due by January 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):	MacArthur	Rockfield	Amy Belle	County Line
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After
7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After
14 <b>NO SCHOOL</b> FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After
21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After
28 <input type="checkbox"/> Before <input type="checkbox"/> After				

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please Note:

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

# Kids Klub Schedule MARCH 2011 (Due by February 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):	MacArthur	Rockfield	Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday
	1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After
7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line
14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After
21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After
28 <input type="checkbox"/> Before <input type="checkbox"/> After	29 <input type="checkbox"/> Before <input type="checkbox"/> After	30 <input type="checkbox"/> Before <input type="checkbox"/> After	31 <input type="checkbox"/> Before <input type="checkbox"/> After	

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

### Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

Cancellations will be accepted 11 business days prior to the individual date (not including the date you are cancelling) in order to receive a refund less a \$5.00 service charge or full credit to a future program. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710. This is due to the amount of supplies and staff required to run these programs.

Each **Child** will receive 5 flexible cancellation days within a 12 month period. These days can be used to receive a household credit (not refund) even after our typical cancellation policy (which is listed above). The flexible cancellation days will be accepted for Kids Klub, Playgrounds Plus and Awesome August, but are limited to 5 within a 12 month period, not per program. **Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 (not via email or through staff at your site).**

Registrations submitted after the 21<sup>st</sup> of the preceding month will be automatically charged a \$10 per child late fee. Registrations may be submitted to the Recreation Department Office, or your respective Kids Klub Site and will be date stamped upon submittal. Late fees will not be assessed to participants who are adding dates to a calendar that was submitted prior to the 21<sup>st</sup> of the preceding month. For all registrations submitted after the 21<sup>st</sup>, payment of the late fee must be included with your registration or it will not be processed and the participant will not be allowed to attend the program.

Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule APRIL 2011 (Due by March 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):				
	MacArthur	Rockfield	Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday
				1 <input type="checkbox"/> Before <input type="checkbox"/> After
4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After
11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After
18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line
25 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	26 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	27 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	28 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line	29 NO SCHOOL FULL DAY choose one: <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

## Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

Cancellations will be accepted 11 business days prior to the individual date (not including the date you are cancelling) in order to receive a refund less a \$5.00 service charge or full credit to a future program. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710. This is due to the amount of supplies and staff required to run these programs.

Each Child will receive 5 flexible cancellation days within a 12 month period. These days can be used to receive a household credit (not refund) even after our typical cancellation policy (which is listed above). The flexible cancellation days will be accepted for Kids Klub, Playgrounds Plus and Awesome August, but are limited to 5 within a 12 month period, not per program. **Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 (not via email or through staff at your site).**

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

## Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Kids Klub Schedule MAY 2011 (Due by April 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):					
MacArthur		Rockfield		Amy Belle	County Line
Monday	Tuesday	Wednesday	Thursday	Friday	
2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After	
9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After	
16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After	
23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After	26 <input type="checkbox"/> Before <input type="checkbox"/> After	27 <input type="checkbox"/> Before <input type="checkbox"/> After	
30 <b>NO KIDS KLUB</b>	31 <input type="checkbox"/> Before <input type="checkbox"/> After				

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
TOTAL PAID	\$ _____

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

# Kids Klub Schedule JUNE 2011 (Due by May 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):      **MacArthur**      **Rockfield**      **Amy Belle**      **County Line**

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After
6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 Early Release <input type="checkbox"/> <b>Only</b> Before <input type="checkbox"/> Early Release Inc. Before School Fee	10 <b>NO SCHOOL</b> <b>FULL DAY choose one:</b> <input type="checkbox"/> MacArthur <input type="checkbox"/> County Line
14	15	16	17	18
21	22	23	24	25

Please indicate the number of days your child will be attending.

Before School	_____ days x \$7 per day = \$ _____
After School	_____ days x \$7 per day = \$ _____
Before & After	_____ days x \$10 per day = \$ _____
Full Day 1 <sup>st</sup> Child	_____ days x \$20 per day = \$ _____
Full Day 2 <sup>nd</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 1 <sup>st</sup> Child	_____ days x \$15 per day = \$ _____
Early Release 2 <sup>nd</sup> Child	_____ days x \$10 per day = \$ _____
Late Fee	_____ child(ren) x \$10/Month = \$ _____
Family Facility Fee	\$25 per family (Per School Year) = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

## Please Note:

Monthly schedules and payments are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office.

Cancellations will be accepted 11 business days prior to the individual date (not including the date you are cancelling) in order to receive a refund less a \$5.00 service charge or full credit to a future program. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710. This is due to the amount of supplies and staff required to run these programs.

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Fees for Early Release days include fees for Before School. Only pay Before School fees if you are not attending Early Release.

## **Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card (circle): **VISA, MASTER OR DISC.**

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_