

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## SEPTEMBER 2010

(Due by AUGUST 15<sup>th</sup>)

Clearly Mark the Days You Want to Attend

| Monday                                       | Tuesday                                      | Wednesday   | Thursday  | Friday   |
|--|--|---|---|--|
| Aug. 30<br><input type="checkbox"/> FULL DAY | Aug. 31<br><input type="checkbox"/> FULL DAY | 1<br><input type="checkbox"/> After<br><input type="checkbox"/> Early Release<br><small>(Early Release K4 ONLY)</small> | 2<br><input type="checkbox"/> After<br><input type="checkbox"/> Early Release<br><small>(Early Release K4 ONLY)</small> | 3<br><input type="checkbox"/> Early Release<br><small>(Early Release - ALL Grades)</small> |
| 6 Labor Day<br><b>NO KIDS KLUB</b>           | 7<br><input type="checkbox"/> After          | 8<br><input type="checkbox"/> After   | 9<br><input type="checkbox"/> After   | 10<br><input type="checkbox"/> After   |
| 13<br><input type="checkbox"/> After         | 14<br><input type="checkbox"/> After         | 15<br><input type="checkbox"/> After  | 16<br><input type="checkbox"/> After  | 17<br><input type="checkbox"/> After   |
| 20<br><input type="checkbox"/> After         | 21<br><input type="checkbox"/> After         | 22<br><input type="checkbox"/> After  | 23<br><input type="checkbox"/> After  | 24<br><input type="checkbox"/> After   |
| 27<br><input type="checkbox"/> After         | 28<br><input type="checkbox"/> After         | 29<br><input type="checkbox"/> After  | 30<br><input type="checkbox"/> After  |  |

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

|                                     |  |
|-------------------------------------|--|
| After School                        | _____ days x \$7 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 = \$ _____             |
| Full Day 3 <sup>rd</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.

### 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: \_\_\_\_\_

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Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## OCTOBER 2010

(Due by September 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday                               | Tuesday                              | Wednesday                            | Thursday  | Friday  |
|--------------------------------------|--------------------------------------|--------------------------------------|---|---|
|                                      |                                      |                                      |   | 1<br><input type="checkbox"/> After               |
| 4<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> After               | 8<br><input type="checkbox"/> After               |
| 11<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> After | 14 NO SCHOOL<br><input type="checkbox"/> FULL DAY | 15 NO SCHOOL<br><input type="checkbox"/> FULL DAY |
| 18<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> After              | 22<br><input type="checkbox"/> After              |
| 25<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> After | 27<br><input type="checkbox"/> After | 28<br><input type="checkbox"/> After              | 29<br><input type="checkbox"/> After              |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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                          | \$ _____                                    |

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

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

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

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For Receipts Email: \_\_\_\_\_

## NOVEMBER 2010

(Due by October 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday  | Tuesday                              | Wednesday   | Thursday                             | Friday  |
|---|--------------------------------------|---|--------------------------------------|---|
| 1<br><input type="checkbox"/> After                             | 2<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> After                               | 4<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> After                             |
| 8<br><input type="checkbox"/> After                             | 9<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> After                              | 11<br><input type="checkbox"/> After | 12 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |
| 15<br><input type="checkbox"/> After                            | 16<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> After                              | 18<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> After                            |
| 22<br><input type="checkbox"/> After                            | 23<br><input type="checkbox"/> After | 24 <b>Early Release</b><br><input type="checkbox"/> Early Release | 25<br><b>NO KIDS KLUB</b>            | 26<br><b>NO KIDS KLUB</b>                                       |
| 29 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 30<br><input type="checkbox"/> After |   |                                      |   |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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                          | \$ _____                                    |

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Check (payable to Germantown Rec. Dept.)  Cash

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

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

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

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## DECEMBER 2010

(Due by November 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday  | Tuesday   | Wednesday   | Thursday  | Friday                               |
|---|---|---|---|--------------------------------------|
|   |   | 1<br><input type="checkbox"/> After                               | 2<br><input type="checkbox"/> After                             | 3<br><input type="checkbox"/> After  |
| 6<br><input type="checkbox"/> After                             | 7<br><input type="checkbox"/> After                             | 8<br><input type="checkbox"/> After                               | 9<br><input type="checkbox"/> After                             | 10<br><input type="checkbox"/> After |
| 13<br><input type="checkbox"/> After                            | 14<br><input type="checkbox"/> After                            | 15<br><input type="checkbox"/> After                              | 16<br><input type="checkbox"/> After                            | 17<br><input type="checkbox"/> After |
| 20<br><input type="checkbox"/> After                            | 21<br><input type="checkbox"/> After                            | 22 <b>Early Release</b><br><input type="checkbox"/> Early Release | 23 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 24<br><b>NO KIDS KLUB</b>            |
| 27 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 28 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 29 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b>   | 30 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 31<br><b>NO KIDS KLUB</b>            |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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                          | \$ _____                                    |

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

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

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

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## JANUARY 2011

(Due by December 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday  | Tuesday                              | Wednesday                            | Thursday                             | Friday                               |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 3<br><input type="checkbox"/> After               | 4<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> After  |
| 10<br><input type="checkbox"/> After              | 11<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> After |
| 17<br><input type="checkbox"/> After              | 18<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> After |
| 24<br><input type="checkbox"/> After              | 25<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> After | 27<br><input type="checkbox"/> After | 28<br><input type="checkbox"/> After |
| 31 NO SCHOOL<br><input type="checkbox"/> FULL DAY |                                      |                                      |                                      |                                      |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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                          | \$ _____                                    |

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

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

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

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## FEBRUARY 2011

(Due by January 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday                               | Tuesday                              | Wednesday                            | Thursday                             | Friday  |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|
|                                      | 1<br><input type="checkbox"/> After  | 2<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> After  | 4<br><input type="checkbox"/> After                             |
| 7<br><input type="checkbox"/> After  | 8<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> After | 11<br><input type="checkbox"/> After                            |
| 14<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> After | 16<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> After | 18<br><input type="checkbox"/> After                            |
| 21<br><input type="checkbox"/> After | 22<br><input type="checkbox"/> After | 23<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> After | 25 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |
| 28<br><input type="checkbox"/> After |                                      |                                      |                                      |   |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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 = \$ _____    |
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| TOTAL PAID                          | \$ _____                                    |

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

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Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## MARCH 2011

(Due by February 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday  | Tuesday                              | Wednesday                            | Thursday                             | Friday  |
|---|--------------------------------------|--------------------------------------|--------------------------------------|---|
|   | 1<br><input type="checkbox"/> After  | 2<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> After  | 4<br><input type="checkbox"/> After                             |
| 7<br><input type="checkbox"/> After                             | 8<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> After | 11<br><input type="checkbox"/> After                            |
| 14<br><input type="checkbox"/> After                            | 15<br><input type="checkbox"/> After | 16<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> After | 18<br><input type="checkbox"/> After                            |
| 21<br><input type="checkbox"/> After                            | 22<br><input type="checkbox"/> After | 23<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> After | 25 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |
| 28 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 29<br><input type="checkbox"/> After | 30<br><input type="checkbox"/> After | 31<br><input type="checkbox"/> After |   |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</sup> Child      | _____ days x \$15 per day = \$ _____        |
| Early Release 1 <sup>st</sup> Child | _____ days x \$15 per day = \$ _____        |
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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.

### 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: \_\_\_\_\_

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## APRIL 2011

(Due by March 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday  | Tuesday   | Wednesday   | Thursday  | Friday  |
|---|---|---|---|---|
|   |   |   |   | 1<br><input type="checkbox"/> After                             |
| 4<br><input type="checkbox"/> After                             | 5<br><input type="checkbox"/> After                             | 6<br><input type="checkbox"/> After                             | 7<br><input type="checkbox"/> After                               | 8<br><input type="checkbox"/> After                             |
| 11<br><input type="checkbox"/> After                            | 12<br><input type="checkbox"/> After                            | 13<br><input type="checkbox"/> After                            | 14<br><input type="checkbox"/> After                              | 15<br><input type="checkbox"/> After                            |
| 18<br><input type="checkbox"/> After                            | 19<br><input type="checkbox"/> After                            | 20<br><input type="checkbox"/> After                            | 21 <b>Early Release</b><br><input type="checkbox"/> Early Release | 22 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |
| 25 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 26 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 27 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 28 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b>   | 29 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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.

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### Payment Method (check one)

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

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

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

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

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## MAY 2011

(Due by April 21<sup>st</sup>)

| Monday                               | Tuesday                              | Wednesday                            | Thursday                             | Friday                               |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 2<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> After  | 4<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> After  |
| 9<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> After | 11<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> After |
| 16<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> After | 18<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> After |
| 23<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> After | 25<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> After | 27<br><input type="checkbox"/> After |
| 30<br><b>NO<br/>KIDS KLUB</b>        | 31<br><input type="checkbox"/> After |                                      |                                      |                                      |

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

|                                     |  |
|-------------------------------------|--|
| After School                        | _____ days x \$7 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 = \$ _____       |
| Full Day 3 <sup>rd</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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Exp. Date \_\_\_\_/\_\_\_\_ Card # \_\_\_\_\_

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

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

# St. Boniface Kids Klub Schedule

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

For Receipts Email: \_\_\_\_\_

## JUNE 2011

(Due by May 21<sup>st</sup>)

Clearly Mark the Days You Want to Attend

| Monday                              | Tuesday                             | Wednesday   | Thursday   | Friday  |
|-------------------------------------|-------------------------------------|---|--|---|
|                                     |                                     | 1<br><input type="checkbox"/> After                           | 2<br><input type="checkbox"/> After                            | 3<br><input type="checkbox"/> After                             |
| 6<br><input type="checkbox"/> After | 7<br><input type="checkbox"/> After | 8 <b>LAST DAY OF SCHOOL</b><br><input type="checkbox"/> After | 9 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> | 10 <b>NO SCHOOL</b><br><input type="checkbox"/> <b>FULL DAY</b> |
| 14                                  | 15                                  | 16  | 17   | 18  |
| 21                                  | 22                                  | 23  | 24   | 25  |
| 28                                  | 29                                  | 30  |  |   |

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

|                                     |   |
|-------------------------------------|---|
| After School                        | _____ days x \$7 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 = \$ _____        |
| Full Day 3 <sup>rd</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                          | \$ _____                                    |

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

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

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

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