

# Kids Klub Schedule **SEPTEMBER 2019** (Due by August 21<sup>st</sup>)

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

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

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

**Please select dates on calendar below that your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
2 <b>NO KIDS KLUB</b>	3 First day of school Elem/KMS Only <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 <input type="checkbox"/> Before <input type="checkbox"/> After				

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day= \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day= \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day= \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

**MAIL TO:** Germantown Rec Dept \* N112 W17001 Mequon Rd \* PO Box 337 \*  
Germantown WI 53022 **FAX:** 262-255-2920  
**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710

**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) to receive a refund less a \$5.00 service fee for a refund check 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.

**FLEXIBLE CANCELLATION POLICY**

Each child will receive 1 flexible cancellation day per month to receive a household credit (not refund) even after our typical cancellation policy. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 no later than 2 business days after your desired cancellation date (not via email or through staff at your site) and cannot be "banked" to be used in future months.

Registrations submitted after the 21<sup>st</sup> of the preceding month will be automatically charged a \$10 per family 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.**

# Kids Klub Schedule OCTOBER 2019 (Due by September 21st)

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

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

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

Please select dates on calendar below that your child(ren) will be attending Kids Klub

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	11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <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 <b>NO SCHOOL</b> <b>Elem/KMS Only</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur	18 <b>NO SCHOOL</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur
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	

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

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 Germantown WI 53022 **FAX:** 262-255-2920  
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# Kids Klub Schedule NOVEMBER 2019 (Due by October 21st)

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

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

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

Please select dates on calendar below that your child(ren) will be attending Kids Klub

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 <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 <b>NO SCHOOL</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur	28 <b>NO KIDS KLUB</b>	29 <b>NO KIDS KLUB</b>

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

**MAIL TO:** Germantown Rec Dept \* N112 W17001 Mequon Rd \* PO Box 337 \*  
Germantown WI 53022 **FAX:** 262-255-2920  
**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710

# Kids Klub Schedule DECEMBER 2019 (Due by November 21st)

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

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

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

Please select dates on calendar below that your child(ren) will be attending Kids Klub

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 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur	24 <b>NO KIDS KLUB</b>	25 <b>NO KIDS KLUB</b>	26 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur	27 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur
30 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur	31 <b>NO KIDS KLUB</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).

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<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day= \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day= \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day= \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

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**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710

# Kids Klub Schedule JANUARY 2020 (Due by December 21st)

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

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

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

**Please select dates on calendar below that your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <b>NO KIDS KLUB</b>	2 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur	3 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur
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 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <b>NO SCHOOL</b> FULL DAY OFF: <input type="checkbox"/> MacArthur
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	31 <input type="checkbox"/> Before <input type="checkbox"/> After

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

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Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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**QUESTIONS? CALL:** 262-250-4710

# Kids Klub Schedule FEBRUARY 2020 (Due by January 21st)

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

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

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

Please select dates on calendar below that your child(ren) will be attending Kids Klub

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 <b>NO SCHOOL</b> <b>Elementary Only</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur	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
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

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

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

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

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**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710

# Kids Klub Schedule MARCH 2020 (Due by February 21st)

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

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

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

**Please select dates on calendar below that your child(ren) will be attending Kids Klub**

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	<b>20 NO SCHOOL Elem/KMS Only</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur
<b>23 NO SCHOOL</b> <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur	<b>24 NO SCHOOL</b> <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur	<b>25 NO SCHOOL</b> <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur	<b>26 NO SCHOOL</b> <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur	<b>27 NO SCHOOL</b> <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur
30 <input type="checkbox"/> Before <input type="checkbox"/> After	31 <input type="checkbox"/> Before <input type="checkbox"/> After			

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

### Payment Method (check one)

- Check (payable to Germantown Rec. Dept.)     Cash  
 Credit Card

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

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.

**Cancellations will be accepted 11 business days prior to the individual date** (not including the date you are cancelling) to receive a refund less a \$5.00 service fee for a refund check 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.

### **FLEXIBLE CANCELLATION POLICY**

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**MAIL TO:** Germantown Rec Dept \* N112 W17001 Mequon Rd \* PO Box 337 \*  
 Germantown WI 53022 **FAX:** 262-255-2920  
**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710

# Kids Klub Schedule APRIL 2020 (Due by March 21st)

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

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

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

**Please select dates on calendar below that your child(ren) will be attending Kids Klub**

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	<b>10 NO SCHOOL</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur
<b>13 NO SCHOOL</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur	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	

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Please Note:**

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

**MAIL TO:** Germantown Rec Dept \* N112 W17001 Mequon Rd \* PO Box 337 \*  
Germantown WI 53022 **FAX:** 262-255-2920  
**EMAIL CALENDAR TO** parkrec@village.germantown.wi.us  
**QUESTIONS? CALL:** 262-250-4710



# Kids Klub Schedule MAY 2020 (Due by April 21st)

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

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

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

Please select dates on calendar below that your child(ren) will be attending Kids Klub

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 <b>NO SCHOOL Elem/KMS Only</b> <b>FULL DAY OFF</b> <input type="checkbox"/> MacArthur
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 <input type="checkbox"/> Before <input type="checkbox"/> After
25 <b>NO KIDS KLUB</b>	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	29 <input type="checkbox"/> Before <input type="checkbox"/> After

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$12.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day = \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	\$ _____

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Credit Card

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

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

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

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# Kids Klub Schedule JUNE 2020 (Due by May 21st)

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

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

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

**Please select dates on calendar below that your child(ren) will be attending Kids Klub**

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 <b>LAST DAY OF SCHOOL</b> <input type="checkbox"/> Before <input type="checkbox"/> Early Release	12 <b>NO KIDS KLUB</b>

<b>Before School</b>	_____ days x \$8.50 per day = \$ _____
<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Before &amp; After School</b>	_____ days x \$12.50 per day = \$ _____
<b>Early Release (1<sup>st</sup> child)</b>	_____ days x \$17.25 per day= \$ _____
<b>Early Release (add'l child)</b>	_____ days x \$12.25 per day= \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$22.25 per day= \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$17.25 per day= \$ _____
<b>Late Fee</b>	<b>\$10 / Month</b> = \$ _____
<b>TOTAL PAID</b>	\$ _____

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

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

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

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

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