

# ST. BONIFACE Kids Klub

## Schedule AUGUST/SEPTEMBER 2019 (Due by August 21<sup>st</sup>)

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

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

**Please select dates your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
<b>AUGUST 26</b>	<b>AUGUST 27</b>	<b>AUGUST 28</b>	<b>AUGUST 29</b>	<b>AUGUST 30</b>
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
<b>SEPTEMBER 2 NO KIDS KLUB</b>	3	4	5	6
	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
9	10	11	12	13
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
16	17	18	19	20
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
23	24	25	26	27
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
30				
<input type="checkbox"/> After				

<b>After School</b>	_____ days x \$8.50 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>	\$ _____

**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**

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# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 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: \_\_\_\_\_

**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

# ST. BONIFACE Kids Klub

## Schedule NOVEMBER 2019 (Due by October 21st)

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 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>	<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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# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 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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**QUESTIONS? CALL:** 262-250-4710

# ST BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 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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Card Holder Name: \_\_\_\_\_

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

# ST BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 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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<b>Payment Method</b> (check one)	
<input type="checkbox"/> Check (payable to Germantown Rec. Dept.)	<input type="checkbox"/> Cash
<input type="checkbox"/> 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

# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
2 <input type="checkbox"/> After	3 <input type="checkbox"/> After	4 <input type="checkbox"/> After	5 <input type="checkbox"/> After	6 <input type="checkbox"/> After
9 <input type="checkbox"/> After	10 <input type="checkbox"/> After	11 <input type="checkbox"/> After	12 <input type="checkbox"/> After	13 <input type="checkbox"/> After
16 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	17 <input type="checkbox"/> After	18 <input type="checkbox"/> After	19 <input type="checkbox"/> After	20 <input type="checkbox"/> After
23 <input type="checkbox"/> After	24 <input type="checkbox"/> After	25 <input type="checkbox"/> After	26 <input type="checkbox"/> After	27 <input type="checkbox"/> After
30 <input type="checkbox"/> After	31 <input type="checkbox"/> After			

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

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<b>Payment Method</b> (check one)	
<input type="checkbox"/> Check (payable to Germantown Rec. Dept.)	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card	
Card # _____	Exp. Date ____/____
Card Holder Name: _____	
Signature: _____	

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

# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <input type="checkbox"/> After	2 <input type="checkbox"/> After	3 <input type="checkbox"/> After
6 <input type="checkbox"/> After	7 <input type="checkbox"/> After	8 <input type="checkbox"/> After	9 <input type="checkbox"/> EARLY RELEASE	10 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
13 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	14 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	15 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	16 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	17 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
20 <input type="checkbox"/> After	21 <input type="checkbox"/> After	22 <input type="checkbox"/> After	23 <input type="checkbox"/> After	24 <input type="checkbox"/> After
27 <input type="checkbox"/> After	28 <input type="checkbox"/> After	29 <input type="checkbox"/> After	30 <input type="checkbox"/> After	

**Please Note:**

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**FLEXIBLE CANCELLATION POLICY**

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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.**

<b>After School</b>	_____ days x \$8.50 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>	\$ _____

**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



# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

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

<b>After School</b>	_____ days x \$8.50 per day = \$ _____
<b>Early Release</b> (1 <sup>st</sup> child)	_____ days x \$17.25 per day= \$ _____
<b>Early Release</b> (add'l child)	_____ days x \$12.25 per day= \$ _____
<b>Full Day</b> (1 <sup>st</sup> child)	_____ days x \$22.25 per day= \$ _____
<b>Full Day</b> (add'l child)	_____ 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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**FLEXIBLE CANCELLATION POLICY**

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# ST. BONIFACE Kids Klub

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

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

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

**Please select dates your child(ren) will be attending Kids Klub**

Monday	Tuesday	Wednesday	Thursday	Friday
1 <input type="checkbox"/> After	2 <input type="checkbox"/> After	3 <input type="checkbox"/> After	4 <input type="checkbox"/> After	5 <b>LAST DAY OF SCHOOL</b> <input type="checkbox"/> <b>EARLY RELEASE</b>
8 <b>NO SCHOOL</b> <input type="checkbox"/> <b>FULL DAY OFF</b>	9 <b>NO SCHOOL</b> <input type="checkbox"/> <b>FULL DAY OFF</b>	10 <b>NO SCHOOL</b> <input type="checkbox"/> <b>FULL DAY OFF</b>	11 <b>NO SCHOOL</b> <input type="checkbox"/> <b>FULL DAY OFF</b>	12 <b>NO KIDS KLUB</b>

<b>After School</b>	_____ days x \$8.50 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>	<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: \_\_\_\_\_

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