

ST BONIFACE Kids Klub

Schedule JANUARY 2021 (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 NO KIDS KLUB
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 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
25 <input type="checkbox"/> After	26 <input type="checkbox"/> After	27 <input type="checkbox"/> After	28 <input type="checkbox"/> After	29 <input type="checkbox"/> After

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1 st child)	_____ days x \$18.00 per day= \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day= \$ _____
Full Day (1 st child)	_____ days x \$23.00 per day= \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day= \$ _____
TOTAL PAID	\$ _____

Payment Method (check one)

Check (payable to Germantown Rec. Dept.) Cash

Credit Card

Card # _____ Exp. Date ____/____

Card Holder Name: _____

Signature: _____

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

Please Note:

Monthly schedules and payments are due by the 21st 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 (262)250-4710

You must call our office to cancel a Kids Klub date your child didn't attend within 2 business days after the cancelled date to receive a credit on Rec. Dept. account for fee paid. *The current cancellation policy of 1 cancellation per month if cancelling less than 11 business days is currently waived. PLEASE NOTE: This policy may be reinstated later in the school year.*

~~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.

FLEXIBLE CANCELLATION POLICY-CURRENTLY WAIVED

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.

ST BONIFACE Kids Klub

Schedule FEBRUARY 2021 (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
1 <input type="checkbox"/> After	2 <input type="checkbox"/> After	3 <input type="checkbox"/> After	4 <input type="checkbox"/> After	5 <input type="checkbox"/> After
8 <input type="checkbox"/> After	9 <input type="checkbox"/> After	10 <input type="checkbox"/> After	11 <input type="checkbox"/> After	12 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
15 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	16 <input type="checkbox"/> After	17 <input type="checkbox"/> After	18 <input type="checkbox"/> After	19 <input type="checkbox"/> After
22 <input type="checkbox"/> After	23 <input type="checkbox"/> After	24 <input type="checkbox"/> After	25 <input type="checkbox"/> After	26 <input type="checkbox"/> After

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1 st child)	_____ days x \$18.00 per day = \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day = \$ _____
Full Day (1 st child)	_____ days x \$23.00 per day = \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day = \$ _____
TOTAL PAID	\$ _____

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 MARCH 2021 (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
1 <input type="checkbox"/> After	2 <input type="checkbox"/> After	3 <input type="checkbox"/> After	4 <input type="checkbox"/> After	5 <input type="checkbox"/> After
8 <input type="checkbox"/> After	9 <input type="checkbox"/> After	10 <input type="checkbox"/> After	11 <input type="checkbox"/> After	12 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
15 <input type="checkbox"/> After	16 <input type="checkbox"/> After	17 <input type="checkbox"/> After	18 <input type="checkbox"/> After	19 <input type="checkbox"/> After
22 <input type="checkbox"/> After	23 <input type="checkbox"/> After	24 <input type="checkbox"/> After	25 <input type="checkbox"/> After	26 <input type="checkbox"/> After
29 <input type="checkbox"/> After	30 <input type="checkbox"/> After	31 <input type="checkbox"/> After		

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1 st child)	_____ days x \$18.00 per day= \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day= \$ _____
Full Day (1 st child)	_____ days x \$23.00 per day= \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day= \$ _____
TOTAL PAID	\$ _____

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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ST. BONIFACE Kids Klub

Schedule APRIL 2021 (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"/> EARLY RELEASE	2 NO KIDS KLUB
5 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	6 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	7 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	8 NO SCHOOL <input type="checkbox"/> FULL DAY OFF	9 NO SCHOOL <input type="checkbox"/> FULL DAY OFF
12 <input type="checkbox"/> After	13 <input type="checkbox"/> After	14 <input type="checkbox"/> After	15 <input type="checkbox"/> After	16 <input type="checkbox"/> After
19 <input type="checkbox"/> After	20 <input type="checkbox"/> After	21 <input type="checkbox"/> After	22 <input type="checkbox"/> After	23 <input type="checkbox"/> After
26 <input type="checkbox"/> After	27 <input type="checkbox"/> After	28 <input type="checkbox"/> After	29 <input type="checkbox"/> After	30 <input type="checkbox"/> After

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1st child)	_____ days x \$18.00 per day = \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day = \$ _____
Full Day (1st child)	_____ days x \$23.00 per day = \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day = \$ _____
TOTAL PAID	\$ _____

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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
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ST. BONIFACE Kids Klub Schedule MAY 2021

(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
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 <input type="checkbox"/> After
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
31 NO KIDS KLUB				

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1 st child)	_____ days x \$18.00 per day = \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day = \$ _____
Full Day (1 st child)	_____ days x \$23.00 per day = \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day = \$ _____
TOTAL PAID	\$ _____

Payment Method (check one)

Check (payable to Germantown Rec. Dept.) Cash

Credit Card

Card # _____ Exp. Date ____/____

Card Holder Name: _____

Signature: _____

EMAIL CALENDAR TO: parkrec@village.germantown.wi.us
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ST. BONIFACE Kids Klub

Schedule JUNE 2021 (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
7 <input type="checkbox"/> After	8 <input type="checkbox"/> After	9 <input type="checkbox"/> After	10 <input type="checkbox"/> Early Release	NO KIDS KLUB

After School	_____ days x \$9.00 per day = \$ _____
Early Release (1st child)	_____ days x \$18.00 per day = \$ _____
Early Release (add'l child)	_____ days x \$13.00 per day = \$ _____
Full Day (1st child)	_____ days x \$23.00 per day = \$ _____
Full Day (add'l child)	_____ days x \$18.00 per day = \$ _____
TOTAL PAID	\$ _____

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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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MAIL/DROP OFF: Germantown Rec Dept

N112 W17001 Mequon Rd PO Box 337

Germantown WI 53022

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