

**Hilltown Cooperative Charter Public School  
Kids' Club After-School Sign Up**

**Name of Student(s):** \_\_\_\_\_ **Class(es)** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Directions:* Please mark the days your child or children will be attending. For multiple children, please indicate using your child's initials to distinguish between siblings

**APRIL 2016**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
				<b>1</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>18</b> <b>XXX</b>	<b>19</b> <b>XXX</b>	<b>20</b> <b>XXX</b>	<b>21</b> <b>XXX</b>	<b>22</b> <b>XXX</b>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>

\* **The XXX denotes days that Kids' Club will not be held**

- 1.) Total number of days 1st Child (3-5): \_\_\_\_\_ x \$14 = \_\_\_\_\_  
 Total number of days 2nd+ Child (3-5): \_\_\_\_\_ x \$12 = \_\_\_\_\_  
 Total number of days (4:30-5) ONLY: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_
- 2.) Total number of Wednesdays 1st Child 12:30-5pm \_\_\_\_\_ x \$27 = \_\_\_\_\_  
 Total number of Wednesdays 2nd + Child 12:30-5 \_\_\_\_\_ x 25 = \_\_\_\_\_  
 Total number of Wednesdays 1st Child 12:30-3pm \_\_\_\_\_ x \$17 = \_\_\_\_\_  
 Total number of Wednesdays 2nd+ Child + 12:30-3pm \_\_\_\_\_ x \$15 = \_\_\_\_\_  
 Total number of Wednesdays After Chorus until 3, 1st Child \_\_\_\_\_ x \$6.50 = \_\_\_\_\_  
 Total number of Wednesdays After Chorus until 3, 2nd + Child \_\_\_\_\_ x \$5 = \_\_\_\_\_  
 Total number of Wednesdays After Chorus until 5, 1st Child \_\_\_\_\_ x \$16.50 = \_\_\_\_\_  
 Total number of Wednesdays After Chorus until 5, 2nd + Child \_\_\_\_\_ x \$15 = \_\_\_\_\_

**SEE REVERSE SIDE FOR MORE DETAIL!**

I have \_\_\_\_\_session credit(s) from cancellations due to illness/family emergency.  
(Please provide dates of cancellations for verification)\_\_\_\_\_

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**REMINDER: You will be billed \$1 for every minute late for pick up. Checks or cash can be made directly to the staff member on duty. Thank you!**

**Please turn in forms as early as possible each month. With less than 24 hour notice, please contact the office for space availability.**

**Total Payment:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_