



KID CARE PROGRAM

WEEKLY PAYMENT FORM

Before school:	\$ 5.00	Per child		
After school:	\$10.00	1 st Child	\$ 8.00	Each additional child
½ Days:	\$16.00	1 st Child	\$12.00	Each additional child

Date: _____

Child's Name: _____

Room#: _____

Child's Name: _____

Room#: _____

Child's Name: _____

Room#: _____

Child's Name: _____

Room#: _____

	MORNING	AFTERNOON	1/2 DAY	DAY'S TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please note --- Snack donations for Kid Care are always appreciated (individually wrapped)

Parent Signature: _____

Week Total \$ _____

Date: _____

Total Enclosed \$ _____