

Kids Connection Monthly Calendar September 2016



Parent's Full Name _____

Child's Full Name _____

School: Maple Grove Glenwood Edgewood Elm Dale

Grade: K4 K5 1 2 3 4 5

Monday	Tuesday	Wednesday	Thursday	Friday
Before School: 6:30AM– Morning Bell After School: Afternoon Bell– 6:00PM K4 - Wrap Around Glenwood: 8:45AM-12:50PM			<input type="checkbox"/> Before 1 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 2 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
No School No Kids Connection	<input type="checkbox"/> Before 6 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 7 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 8 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 9 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
<input type="checkbox"/> Before 12 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 13 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 14 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 15 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 16 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
<input type="checkbox"/> Before 19 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 20 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 21 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 22 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 23 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4
<input type="checkbox"/> Before 26 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 27 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 28 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 29 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4	<input type="checkbox"/> Before 30 <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> K4

Registration Form Directions

1. Please check the boxes in the calendar of which days/times your child will be attending.
2. In the chart on the right, write the dollar amount for each week according to the number of days your child will be attending in that particular week in the blank spaces (\$_____).
3. If this sheet is submitted after the 20th of the month, please include the \$15.00 late fee*.
4. Total all fee lines and enter in the Total Amount box.
5. Select payment method.
6. Submit sheet and payment to the Parks and Rec office, in person M-F 9:00am - 6:00pm or by mail, fax, or drop box anytime to City of Greenfield Parks and Recreation, Room 200, 7325 W. Forest Home Ave., Greenfield, WI 53220. Fax #: 414-543-2369 Phone #: 414-329-5370

*Apply late fee if you submit this form and payment after the 20th of the August.

**If you request or already have financial assistance approved, please leave total amount blank, and we will apply financial assistance internally when registering you.

Please Note: Each month will begin on a Monday. September is the only exception.

Week 1 (Sept 1-2)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00			\$ _____
After (PM only)	<input type="checkbox"/> \$27.50			\$ _____
Before & After (Both)	<input type="checkbox"/> \$42.50			\$ _____
K4 Glenwood AM	<input type="checkbox"/> \$37.50			\$ _____

Week 2 (Sept 6-9)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$ _____
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$ _____
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$ _____
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$ _____

Week 3 (Sept 12-16)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$ _____
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$ _____
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$ _____
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$ _____

Week 4 (Sept 19-23)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$ _____
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$ _____
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$ _____
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$ _____

Week 5 (Sept 26-30)	1-2 Days	3 Days	4-5 Days	FEE
Before (AM only)	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.25	<input type="checkbox"/> \$39.75	\$ _____
After (PM only)	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$53.00	\$ _____
Before & After (Both)	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$60.25	<input type="checkbox"/> \$80.00	\$ _____
K4 Glenwood AM	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00	\$ _____

Late Fee: \$15/Month \$ _____

Form Due August 20th

Total Amount\$ _____**

Payment Method: ___ Cash ___ Check (Payable to: City of Greenfield)

___ Auto pay (CC on File) ___ Credit Card (Circle): Visa Master Discover

Card #: _____ Exp. ____/____

Card Holder Name: _____

Signature: _____

Auto pay option will keep your credit/debit card on file and auto charge your monthly fee, each month on the 21st (or next business day). Details are available on the inside of this packet. Checks returned for insufficient funds will be charged a \$25.00 service fee.