

KidVentures

March 2016 Option 2 Calendar

Name: _____ KidVentures Site: _____

Mon	Tue	Wed	Thu	Fri
	1 Before School FULL Before School HALF After School	2 Before School FULL Before School HALF After School	3 Before School FULL Before School HALF After School	4 Before School FULL Before School HALF After School
7 Before School FULL Before School HALF After School	8 Before School FULL Before School HALF After School	9 Before School FULL Before School HALF After School	10 Before School FULL Before School HALF After School	11 Before School FULL Before School HALF After School
14 Before School FULL Before School HALF After School	15 Before School FULL Before School HALF After School	16 Before School FULL Before School HALF After School	17 Before School FULL Before School HALF After School	18 Before School FULL Before School HALF After School
21 Spring Break Release Day at GVP *Must be registered to attend*	22 Spring Break Release Day at GVP *Must be registered to attend*	23 Spring Break Release Day at GVP *Must be registered to attend*	24 Spring Break Release Day at GVP *Must be registered to attend*	25 Spring Break Release Day at GVP *Must be registered to attend*
28 Spring Break Release Day at GVP *Must be registered to attend*	29 Before School FULL Before School HALF After School	30 Before School FULL Before School HALF After School	31 Before School FULL Before School HALF After School	

Please indicate (by circling) which days/sessions your child will be attending

*One calendar PER CHILD please, unless the schedules for siblings are identical.

Before School FULL
(6:30 AM- School Start) \$5.75/Day (M, T, TH, F) & \$7.75/W

Before School HALF
(7:30 AM - School Start) \$3.75/Day (M, T, TH, F) & \$5.75/W

After School
(After school - 6 PM) \$9.00/Day

_____ X \$5.75 = _____
Total # Before School FULL (M, T, TH, F)

_____ X \$7.75 = _____
Total # Before School FULL (W)
*Includes Late Start

_____ X \$3.75 = _____
Total # Before School HALF (M, T, TH, F)

_____ X \$5.75 = _____
Total # Before School HALF (W)
*Includes Late Start

_____ X \$9.00 = _____
Total # After School (M-F)

Total Owed for Month: _____

Amount Enclosed: \$ _____ **OR**
Check or Cash

Will Pay Online: \$ _____

There will be a \$10 Flat fee charged to all families who have not turned in their calendars by the due date: Friday, February 19th

Office Use
Date Received:

Please return to the NCRC (1651 Jefferson Parkway), your KidVentures site, fax to 507-664-3651, or email to MHansen@northfieldschools.org by **Friday, February 19th**. Thank you!