

January 2015

Due: December 15th

After School Sign Up Calendar

Name of Child/School Location _____

** Please circle in the box for each day your child will be attending the Kids Inc. After School Program. Please fill out one sheet for each child participating in the program.

Monday	Tuesday	Wednesday	Thursday	Friday
			1st NO PROGRAM	2nd NO PROGRAM
5th School- 6pm	6th School- 6pm	7th School- 6pm	8th School- 6pm	9th School- 6pm
12th School- 6pm	13th School- 6pm	14th School- 6pm	15th School- 6pm	16th School- 6pm
19th School- 6pm	20th School- 6pm	21st School- 6pm	22nd School- 6pm	23rd NO PROGRAM
26th School- 6pm	27th School- 6pm	28th School- 6pm	29th School- 6pm	30th School- 6pm

After School \$7.00 X _____ days = _____

Total Amount Due
\$ _____