

April 2015

Due: March 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 School- 6pm	2nd School- 6pm	3rd No Program
6th No Program	7th School- 6pm	8th School- 6pm	9th School- 6pm	10th School- 6pm
13th School- 6pm	14th School- 6pm	15th School- 6pm	16th School- 6pm	17th School- 6pm
20th School- 6pm	21st School- 6pm	22nd School- 6pm	23rd School- 6pm	24th School- 6pm
27th School- 6pm	28th School- 6pm	29th School- 6pm	30th School- 6pm	

After School \$7.00 X _____ days = _____

Total Amount Due
\$ _____

Please make checks payable to:
City of Whitewater