April 2016

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 ea	ch child	participating	in the program. Pa	yment must be
turned in with this o	calendar.				
Monday	Tuesday	Wednesday		Thursday	Friday
					1 School – 6pm
4	5	6		7	8
School – 6pm	School – 6pm	School – 6pm		School – 6pm	School – 6pm
11	12	13		14	15
School – 6pm	School -6pm	School – 6pm		School – 6pm	School – 6pm
18	19	20		21	22
School – 6pm	School – 6pm	School – 6pm		School -6pm	School -6pm
25	16	27		28	29
School – 6pm	School – 6pm	School – 6pm		School – 6pm	No program
 Checks can be made out to the City of Whitewater If you would like to keep your credit card on file, please contact Michelle Dujardin at 262- 473-0121 or mdujardin@Whitewater-wi.gov 			After School the Entire Month = \$140.00 • If you attend everyday of the month, you receive a discounted rate of \$7 per day.		
Those with Credit Cards on File I authorize the City of Whitewater to charge the credit card I have on file in the amount of			 After School \$8.00 X Days= Please use this box if you are not attending every day of the month 		