



Dear Parents,

Welcome to the Dells/Delton Parks & Recreation 2016- 2017 Kidz Klub After School Program. The program will run from the first day of school in Fall 2016 (Sept. 1<sup>st</sup>) until the last day of school (June 1<sup>st</sup>) in the Spring of 2017. The program will take place at Spring Hill and Lake Delton Elementary Schools. Students from Neenah Creek will be bussed to Spring Hill. This program is for grades 4K-5 within the Wisconsin Dells School District.

### **Daily Activities**

A typical day of the After School Program consists of homework time, snack time (included in fee), a structured activity or craft, occasional field trips, board games, and recreational time. The staff will include some week/monthly themes which our activities may be based off. If you would like to see a monthly activity calendar prior to registering please ask the Recreation Supervisor.

### **Early Release Days**

Every month there is an early release day where school releases children at 12:45 pm. On these days we will have a special program and/or field trip. The cost of these days will be \$10/child. Snack and any activities/field trips will be included in the fee. You must be signed up for Kidz Klub at least once a week to qualify for these Wednesdays.

### **Payment**

Monthly calendars and payments are due every month on the 20<sup>th</sup> prior to the month you are signing up for; ie. October's calendar and payment are due on the 20<sup>th</sup> of September. You may however turn in your calendars as early as you wish.

### **Policy and Procedure Manual**

Please go through and review the Kidz Klub Policy and Procedure Manual. If you have any questions regarding any policy please contact us at the Recreation Department. Lastly, please fill out and turn in all of the required forms before the first day your child attends the program.

### **Required Forms**

- a. Registration Form
- b. Transportation Permission Slip
- c. Health History and Emergency Care Plan
- d. Authorization to Administer Medication
- e. Student Immunization
- f. After School Monthly Sign-Up Calendars

**Abby Schultz** – Recreation Supervisor

**Office Phone** – 608-254-4818

**Kidz Klub Spring Hill Site Phone** – 608-432-4968

**Kidz Klub Lake Delton Site Phone** – 608-432-3036

**Fax** – 608-254-7329

**Email** – reccoordinator@dellsparkandrec.com

**Drop off forms at 722 Michigan Avenue. Please call ahead of time to make sure we are scheduled in the office.**

# Dells/Delton Kidz Klub After School Program Registration Form

## Child Information

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ Gender: Male / Female  
Street City Zip

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade \_\_\_\_\_ Elementary School: Spring Hill / Lake Delton / Neenah Creek

Township: (Please Check)	
<input type="checkbox"/>	Dell Prairie
<input type="checkbox"/>	Dellona
<input type="checkbox"/>	Delton
<input type="checkbox"/>	Lake Delton
<input type="checkbox"/>	Newport
<input type="checkbox"/>	Wisconsin Dells
<input type="checkbox"/>	Other (Please Specify) _____

**Parent/Guardian** – All parents/guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order if any.

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

3. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
 Where Reachable While Child is in Program \_\_\_\_\_

**Child Resides With:** Mother / Father / Both / Other \_\_\_\_\_

**Persons Other Than Parents/Guardians Who Are Authorized to Pick Up Child** - if no one, circle "None"

NONE

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

**Emergency Contact** – List information of person to contact when mother, father or guardian cannot be reached.

1. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

2. Relationship to Child: Mother / Father / Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Place of Employment and Work Phone # OR  
Where Reachable While Child is in Program \_\_\_\_\_

**Physician or Medical Facility**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip  
Telephone \_\_\_\_\_

**Authorization**

YES NO I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

YES NO I have read and understand the policies of the Kidz Klub after school program. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

- Please check the box if you require bus transportation from **Neenah Creek Elementary School**

**Kidz Klub Site Locations:** Spring Hill Elementary School  
Lake Delton Elementary School

**Cost:** \$6/day for the 1<sup>st</sup> child and \$4/day for each additional child in a family group. This is due at registration.  
\*Please see the attached calendar to view which days the Kidz Klub after school program will be in operation.

**Authorization to Participate**

I give permission for my child to participate in the Wisconsin Dells Kidz Klub program and all activities including off premises field trips. I assume all risks as hazards incidental to the conduct of this program. I hereby certify that my child is in normal health and capable of safe participation in the City of Wisconsin Dells Kidz Klub program.

**Authorization for Photos**

I give permission for the city of Wisconsin Dells to take photos of my child while participating in City of Wisconsin Dells & Lake Delton Parks and Recreation Department programs. I understand that these pictures may be used for promotional reasons.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Registration Date:

**Please Return Forms To:**  
City of Wisconsin Dells Parks and Recreation Department  
722 Michigan Avenue  
Wisconsin Dells, WI 53965  
(There is a drop box outside the door to save on postage)

**Wisconsin Dells Parks and Recreation Department**  
**2016 Kidz Klub After School Program**  
**Transportation Permission Slip**

I/we, \_\_\_\_\_, hereby give permission for  
*Parent/Guardian*

\_\_\_\_\_ to be transported from Spring Hill School & Lake Delton Elementary to the  
*Name of Child*

designated field trip locations for the Kidz Klub After School Program on the following early release days:

Sept. 16<sup>th</sup> (Friday), Oct. 12<sup>th</sup>, Nov. 23<sup>rd</sup>, Dec. 14<sup>th</sup>, Jan. 11<sup>th</sup>, Feb. 8<sup>th</sup>, Mar. 8<sup>th</sup>, Apr. 12<sup>th</sup>, May 10<sup>th</sup>, and Jun. 1<sup>st</sup> (Thursday)

\_\_\_\_\_  
Date Telephone (day & evening)

\_\_\_\_\_  
Parent/Guardian Signature Print name

\_\_\_\_\_  
Parent/Guardian Signature Print name

**WAIVER OF LIABILITY**

The undersigned, in consideration of the City of Wisconsin Dells allowing \_\_\_\_\_ hereinafter "my child") to be transported by the "Kobussen" Charter Bus and/or the "Original Wisconsin Ducks" to the various field trip locations.

I/we acknowledge that such transportation by bus/shuttle can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure, personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack of seat belts may exacerbate these injuries and damage.

I/we hereby release the City of Wisconsin Dells, its employees, officials and agents against any loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on behalf of myself and my child.

DATE \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature Parent/Guardian signature

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

City of WDLR Parks and Recreation Department  
 PO Box 655

Wisconsin Dells, WI 53965

**City of Wisconsin Dells Kidz Klub  
 Health History and Emergency Care Plan**

*Please complete both sides of this form*

**Instructions:** The parent/guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents, guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

<b>CHILD INFORMATION</b>	
Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)
Telephone Number	Birthdate (mm/dd/yyyy)
	Date – First Day of Attendance (mm/dd/yyyy)
<b>PARENT / GUARDIAN INFORMATION</b> Provide information where the parent(s) / guardian(s) may be reached while the child is in care.	
Name (Last, First, MI)	Telephone Number – Home
	Telephone Number – Work
	Telephone Number – Cell
Name (Last, First, MI)	Telephone Number – Home
	Telephone Number – Work
	Telephone Number – Cell
<b>PHYSICIAN / MEDICAL FACILITY INFORMATION</b>	
Name – Physician	Address – Medical Facility
	Telephone Number
<b>Medical Questions</b>	
Does your child have any food allergies? – Please Specify	
Does your child have any other allergies? – Please Specify	

Check any special medical condition(s) that you child may have.

- No Specific Medical Condition
- Asthma     Diabetes     Epilepsy/seizure disorder     Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy/motor disorder     Emotional/behavior disorder including ADD or ADHD
- Other condition(s) requiring special care – Please Specify

Triggers that you child may have that could cause problems. – Please Specify

Signs or symptoms to watch for. – Please Specify

Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form.

- 1.
- 2.
- 3.

When to call parents regarding symptoms or failure to respond to treatment.

When to consider that the condition requires emergency medical care or reassessment.

Please add any additional information that may be helpful to the childcare provider.

**SIGNATURE** – Parent or Guardian

Date Signed

Any Review Dates: \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS INSTRUCTIONS FOR USE

**Use of form:** This form is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

### **CERTIFIED CHILD CARE CENTERS:**

This form is voluntary for certified providers; however, completion of Page 1 *Medication Information and Authorization* and Page 2 *Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on Page 2 *Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

### **LICENSED FAMILY CHILD CARE CENTERS:**

Page 1 *Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

### **LICENSED GROUP CHILD CARE AND DAY CAMPS:**

Page 1 *Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center \_\_\_\_\_

Name – Child \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication \_\_\_\_\_

Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
			From	To
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes  No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication \_\_\_\_\_ Parent Initials \_\_\_\_\_

Additional information / special instructions / contraindications – Specify \_\_\_\_\_

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

### STUDENT IMMUNIZATION RECORD

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

**PERSONAL DATA** **PLEASE PRINT**

**Step 1**

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ( )	

**IMMUNIZATION HISTORY**

**Step 2** List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below.					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

**REQUIREMENTS**

**Step 3** Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**COMPLIANCE DATA**

**Step 4** **STUDENT MEETS ALL REQUIREMENTS**  
 Sign at Step 5 and return this form to school.  
 Or

**STUDENT DOES NOT MEET ALL REQUIREMENTS**

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

**NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.**

**WAIVERS** (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

\_\_\_\_\_  
 LIST VACCINE(S) WAIVED

**SIGNATURE**

**Step 5** This form is complete and accurate to the best of my knowledge. Check one: ( I do  I do not  ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

\_\_\_\_\_  
 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

## September 2016 After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*Place an X in the box for each day your child will be attending the Kidz Klub After School Program.

\*Please fill out one sheet for each child participating in the Kidz Klub ASP.

\*\* If you sign up for Early Release Days, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5  NO KIDZ KLUB	6	7	8	9
12	13	14	15	16  EARLY RELEASE  \$10 per child
19	20	21	22	23
26	27	28	29	30

### Total Balance Worksheet

1<sup>st</sup> Child \_\_\_\_\_ days x \$6.00/day = \$ \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

EARLY RELEASE FIELD TRIP DAY: Number of Children \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

\*\*If you have 2 or more children going to the after school program on the same day, then its \$6/day for the first child and \$4/day for each additional child. The children must be immediate family members to qualify.

## October 2016 After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*Place an X in the box for each day your child will be attending the Kidz Klub After School Program.

\*Please fill out one sheet for each child participating in the Kidz Klub ASP.

\*\* If you sign up for Early Release Days, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12 EARLY RELEASE \$10 per child	13	14
17	18	19	20	21
24	25	26	27	28
31				

### Total Balance Worksheet

1<sup>st</sup> Child \_\_\_\_\_ days x \$6.00/day = \$ \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

EARLY RELEASE FIELD TRIP DAY: Number of Children \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

\*\*If you have 2 or more children going to the after school program on the same day, then its \$6/day for the first child and \$4/day for each additional child. The children must be immediate family members to qualify.

# November 2016

## After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*Place an X in the box for each day your child will be attending the Kidz Klub After School Program.

\*Please fill out one sheet for each child participating in the Kidz Klub ASP.

\*\* If you sign up for Early Release Days, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4 <b>NO KIDZ KLUB</b>
7	8	9	10	11
14	15	16	17	18
21	22	23 <b>EARLY RELEASE</b> <b>\$10 per child</b>	24 <b>NO KIDZ KLUB</b>	25 <b>NO KIDZ KLUB</b>
28	29	30		

### Total Balance Worksheet

1<sup>st</sup> Child \_\_\_\_\_ days x \$6.00/day = \$ \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

EARLY RELEASE FIELD TRIP DAY: Number of Children \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

\*\*If you have 2 or more children going to the after school program on the same day, then its \$6/day for the first child and \$4/day for each additional child. The children must be immediate family members to qualify.

## December 2016 After School Sign-Up Calendar

Name of Child \_\_\_\_\_

\*Place an X in the box for each day your child will be attending the Kidz Klub After School Program.

\*Please fill out one sheet for each child participating in the Kidz Klub ASP.

\*\* If you sign up for Early Release Days, you must sign up for one other day in that week.

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9
12	13	14 EARLY RELEASE \$10 per child	15	16
19	20	21	22	23 NO KIDZ KLUB
26 NO KIDZ KLUB	27 NO KIDZ KLUB	28 NO KIDZ KLUB	29 NO KIDZ KLUB	30 NO KIDZ KLUB

### Total Balance Worksheet

1<sup>st</sup> Child \_\_\_\_\_ days x \$6.00/day = \$ \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ days x \$4.00/day = \$ \_\_\_\_\_

EARLY RELEASE FIELD TRIP DAY: Number of Children \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

\*\*If you have 2 or more children going to the after school program on the same day, then its \$6/day for the first child and \$4/day for each additional child. The children must be immediate family members to qualify.