

# Kids Klub Schedule FEBRUARY 2022 (Due by January 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):      **MacArthur**      **Rockfield**      **Amy Belle**      **County Line**

Please select dates on calendar below that your child(ren) will be attending Kids Klub

Monday	Tuesday	Wednesday	Thursday	Friday
	1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After
7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After
14 <b>NO SCHOOL</b> FULL DAY OFF <input type="checkbox"/> MacArthur	15 <b>NO SCHOOL</b> FULL DAY OFF <input type="checkbox"/> MacArthur	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After
21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After	23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After
28 <input type="checkbox"/> Before <input type="checkbox"/> After				

<b>Before School</b>	_____ days x \$9.00 per day = \$ _____
<b>After School</b>	_____ days x \$9.00 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$13.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$23.00 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$18.00 per day = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Please Note:**  
 Monthly calendars and payment are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).  
 Add-on dates can be done at any point by calling the Rec. Dept. Office (262)250-4710

**CANCELLATIONS:** Cancellations will be accepted 5 business days prior to the individual date (not including the date you are cancelling) a full credit on Rec Dept. account to put towards a future program registration. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710.

You must call our office to cancel a Kids Klub date your child didn't attend within 2 business days after the cancelled date to receive a credit on Rec. Dept. account for fee paid.

Each child will receive 1 flexible cancellation day per month to receive a household credit (not refund) even after our typical cancellation policy. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 no later than 2 business days after your desired cancellation date (not via email or through staff at your site)

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@germantownwi.gov  
**MAIL/DROP OFF:** Germantown Rec Dept  
 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule MARCH 2022 (Due by February 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle): **MacArthur**      **Rockfield**      **Amy Belle**      **County Line**

Please select dates on calendar below that your child(ren) will be attending Kids Klub

Monday	Tuesday	Wednesday	Thursday	Friday
	1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After
7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	11 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur
14 <input type="checkbox"/> Before <input type="checkbox"/> After	15 <input type="checkbox"/> Before <input type="checkbox"/> After	16 <input type="checkbox"/> Before <input type="checkbox"/> After	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After
21 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	22 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	23 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	24 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	25 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur
28 <input type="checkbox"/> Before <input type="checkbox"/> After	29 <input type="checkbox"/> Before <input type="checkbox"/> After	30 <input type="checkbox"/> Before <input type="checkbox"/> After	31 <input type="checkbox"/> Before <input type="checkbox"/> After	

<b>Before School</b>	_____ days x \$9.00 per day = \$ _____
<b>After School</b>	_____ days x \$9.00 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$13.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$23.00 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$18.00 per day = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Please Note:**

Monthly calendars and payment are due by the 21<sup>st</sup> of the preceding month (without both, your registration will not be processed).

Add-on dates can be done at any point by calling the Rec. Dept. Office (262)250-4710

**CANCELLATIONS: Cancellations will be accepted**

**5 business days prior to the individual date** (not including the date you are cancelling) a full credit on Rec Dept. account to put towards a future program registration. **Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710.**

You must call our office to cancel a Kids Klub date your child didn't attend within 2 business days after the cancelled date to receive a credit on Rec. Dept. account for fee paid.

Each child will receive 1 flexible cancellation day per month to receive a household credit (not refund) even after our typical cancellation policy. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710 no later than 2 business days after your desired cancellation date (not via email or through staff at your site)

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@germantownwi.gov

**MAIL/DROP OFF:** Germantown Rec Dept

N112 W17001 Mequon Rd PO Box 337

Germantown WI 53022

**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule APRIL 2022 (Due by March 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):      **MacArthur**      **Rockfield**      **Amy Belle**      **County Line**

Please select dates on calendar below that your child(ren) will be attending Kids Klub

Monday	Tuesday	Wednesday	Thursday	Friday
				1 <input type="checkbox"/> Before <input type="checkbox"/> After
4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <b>NO SCHOOL</b>  <b>FULL DAY OFF:</b> <input type="checkbox"/> MacArthur
11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After	14 <input type="checkbox"/> Before <input type="checkbox"/> After	15  <b>NO KIDS KLUB</b>
18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After	21 <input type="checkbox"/> Before <input type="checkbox"/> After	22 <input type="checkbox"/> Before <input type="checkbox"/> After
25 <input type="checkbox"/> Before <input type="checkbox"/> After	26 <input type="checkbox"/> Before <input type="checkbox"/> After	27 <input type="checkbox"/> Before <input type="checkbox"/> After	28 <input type="checkbox"/> Before <input type="checkbox"/> After	29 <input type="checkbox"/> Before <input type="checkbox"/> After

<b>Before School</b>	_____ days x \$9.00 per day = \$ _____
<b>After School</b>	_____ days x \$9.00 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$13.50 per day= \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$23.00 per day= \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$18.00 per day= \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Please Note:**

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@germantownwi.gov  
**MAIL/DROP OFF:** Germantown Rec Dept  
 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule MAY 2022 (Due by April 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle): **MacArthur** **Rockfield** **Amy Belle** **County Line**

Please select dates on calendar below that your child(ren) will be attending Kids Klub

Monday	Tuesday	Wednesday	Thursday	Friday
2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After	4 <input type="checkbox"/> Before <input type="checkbox"/> After	5 <input type="checkbox"/> Before <input type="checkbox"/> After	6 <input type="checkbox"/> Before <input type="checkbox"/> After
9 <input type="checkbox"/> Before <input type="checkbox"/> After	10 <input type="checkbox"/> Before <input type="checkbox"/> After	11 <input type="checkbox"/> Before <input type="checkbox"/> After	12 <input type="checkbox"/> Before <input type="checkbox"/> After	13 <input type="checkbox"/> Before <input type="checkbox"/> After
16 NO SCHOOL FULL DAY OFF: <input type="checkbox"/> MacArthur	17 <input type="checkbox"/> Before <input type="checkbox"/> After	18 <input type="checkbox"/> Before <input type="checkbox"/> After	19 <input type="checkbox"/> Before <input type="checkbox"/> After	20 <input type="checkbox"/> Before <input type="checkbox"/> After
23 <input type="checkbox"/> Before <input type="checkbox"/> After	24 <input type="checkbox"/> Before <input type="checkbox"/> After	25 <input type="checkbox"/> Before <input type="checkbox"/> After	26 <input type="checkbox"/> Before <input type="checkbox"/> After	27 <input type="checkbox"/> Before <input type="checkbox"/> After
30 NO SCHOOL NO KIDS KLUB	31 <input type="checkbox"/> Before <input type="checkbox"/> After			

<b>Before School</b>	_____ days x \$9.00 per day = \$ _____
<b>After School</b>	_____ days x \$9.00 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$13.50 per day = \$ _____
<b>Full Day (1<sup>st</sup> child)</b>	_____ days x \$23.00 per day = \$ _____
<b>Full Day (add'l child)</b>	_____ days x \$18.00 per day = \$ _____
<b>TOTAL PAID</b>	\$ _____

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**Payment Method** (check one)

- Check (payable to Germantown Rec. Dept.)     Cash  
 Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@germantownwi.gov

**MAIL/DROP OFF:** Germantown Rec Dept  
 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022

**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule JUNE 2022 (Due by May 21st)

Child's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ For Receipts Email: \_\_\_\_\_

Location (Circle):      MacArthur      Rockfield      Amy Belle      County Line

Please select dates on calendar below that your child(ren) will be attending Kids Klub

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <input type="checkbox"/> Before <input type="checkbox"/> After	2 <input type="checkbox"/> Before <input type="checkbox"/> After	3 <input type="checkbox"/> Before <input type="checkbox"/> After
6 <input type="checkbox"/> Before <input type="checkbox"/> After	7 <input type="checkbox"/> Before <input type="checkbox"/> After	8 <input type="checkbox"/> Before <input type="checkbox"/> After	9 <input type="checkbox"/> Before <input type="checkbox"/> After	<b>10 LAST DAY OF SCHOOL</b> <input type="checkbox"/> Before <input type="checkbox"/> Early Release

<b>Before School</b>	_____ days x \$9.00 per day = \$ _____
<b>After School</b>	_____ days x \$9.00 per day = \$ _____
<b>Before &amp; After</b>	_____ days x \$13.50 per day = \$ _____
<b>Early Release (1<sup>st</sup> child)</b>	_____ days x \$18.00 per day = \$ _____
<b>Early Release (add'l child)</b>	_____ days x \$13.00 per day = \$ _____
<b>TOTAL PAID</b>	<b>\$ _____</b>

**Please Note:**

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Add-on dates can be done at any point by calling the Rec. Dept. Office (262)250-4710

**CANCELLATIONS:** Cancellations will be accepted 5 business days prior to the individual date (not including the date you are cancelling) a full credit on Rec Dept. account to put towards a future program registration. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710.

You must call our office to cancel a Kids Klub date your child didn't attend within 2 business days after the cancelled date to receive a credit on Rec. Dept. account for fee paid.

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**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)     Cash

Credit Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@germantownwi.gov  
**MAIL/DROP OFF:** Germantown Rec Dept  
 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710