

# Kids Klub Schedule SEPTEMBER 2023 (Due by August 21<sup>st</sup>)

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

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

Location:  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  |
|---|---|---|---|---|
| AUGUST 28<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur         | August 29<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur         | August 30<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur         | August 31<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur         | 1<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 4<br>NO SCHOOL<br>NO<br>KIDS KLUB                                       | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 22<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 25<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 27<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 28<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 29<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |

|                      |   |
|----------------------|---|
| Before School        | _____ days x \$10.00 per day = \$ _____ |
| After School         | _____ days x \$10.00 per day = \$ _____ |
| Before & After       | _____ days x \$15 per day = \$ _____    |
| Full Day             | _____ days x \$24 per day = \$ _____    |
| Full Day addtl child | _____ days x \$19 per day = \$ _____    |
| TOTAL PAID           | \$ _____                                |

## Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

## 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 want to cancel) for a full credit on your Rec Dept. account to put towards a future program registration. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710.

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)

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

# Kids Klub Schedule October 2023 (Due by September 21<sup>st</sup>)

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

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

Location:  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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> Before<br><input checked="" type="checkbox"/> After | 4<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> Before<br><input type="checkbox"/> After           | 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 16<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> Before<br><input type="checkbox"/> After           | 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 23<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> Before<br><input type="checkbox"/> After           | 25<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 26<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 27<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |
| 30<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 31<br><input type="checkbox"/> Before<br><input type="checkbox"/> After           |   |   |   |

|                      |   |
|----------------------|---|
| Before School        | _____ days x \$10.00 per day = \$ _____ |
| After School         | _____ days x \$10.00 per day = \$ _____ |
| Before & After       | _____ days x \$15 per day = \$ _____    |
| Full Day             | _____ days x \$24 per day = \$ _____    |
| Full Day addtl child | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>    | <b>\$ _____</b>                         |

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

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**MAIL/DROP OFF:** Germantown Rec Dept  
 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule November 2023 (Due by October 21<sup>st</sup>)

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

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

Location:  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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 2<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 16<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 22<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | <b>Kids Klub Closed</b>   | <b>Kids Klub Closed</b>   |
| 27<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 28<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 29<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 30<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>           | \$ _____                                |

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

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

N112 W17001 Mequon Rd PO Box 337

Germantown WI 53022

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# Kids Klub Schedule December 2023 (Due by November 21<sup>st</sup>)

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

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

Location:  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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 4<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 8<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                 |
| 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 22<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |
| 25<br><b>Kids Klub Closed</b>   | 26<br><b>Kids Klub Closed</b>   | 27<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 28<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 29<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>           | \$ _____                                |

### Payment Method (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

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 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule January 2024 (Due by November 21<sup>st</sup>)

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

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

Location:     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<br><b>Kids Klub Closed</b>  | 2<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 4<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 15<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 16<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 22<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 23<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 25<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 29<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 30<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 31<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |   |   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 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: \_\_\_\_\_

**EMAIL CALENDAR TO:** parkrec@village.germantown.wi.us

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

N112 W17001 Mequon Rd PO Box 337

Germantown WI 53022

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

# Kids Klub Schedule February 2024 (Due by January 21<sup>st</sup>)

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

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

Location:  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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 2<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 16<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |
| 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 22<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 23<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 26<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 27<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 28<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 29<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 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: \_\_\_\_\_

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 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule March 2024 (Due by February 21<sup>st</sup>)

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

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

Location:  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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 4<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                 | 8<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                 |
| 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 22<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 25<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 26<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 27<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 28<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                | 29<br><b>Kids Klub Closed</b>   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>           | \$ _____                                |

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

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 N112 W17001 Mequon Rd PO Box 337  
 Germantown WI 53022  
**QUESTIONS? CALL:** (262)250-4710

# Kids Klub Schedule April 2024 (Due by March 21<sup>st</sup>)

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

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

Location:  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<br><b>Kids Klub Closed</b>  | 2<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 4<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 5<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 11<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 12<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 16<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 18<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 19<br>FULL DAY OFF<br><input type="checkbox"/> MacArthur                |
| 22<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 23<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 24<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 25<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 26<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 29<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 30<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |   |   |   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>           | \$ _____                                |

**Payment Method** (check one)

Check (payable to Germantown Rec. Dept.)  Cash

Credit Card

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

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

**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 want to cancel) for a full credit on your Rec Dept. account to put towards a future program registration. Cancellations can only be made by contacting the Rec. Dept. Office at 250-4710.

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)

**EMAIL CALENDAR TO:** parkrec@village.germantown.wi.us  
**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 2024 (Due by April 21<sup>st</sup>)

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

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

Location:     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<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 2<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 3<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  |
| 6<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 7<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 8<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 9<br><input type="checkbox"/> Before<br><input type="checkbox"/> After  | 10<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 13<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 14<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 15<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 16<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 17<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |
| 20<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 21<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 22<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 23<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 24<br><b>FULL DAY OFF</b><br><input type="checkbox"/> MacArthur         |
| 27<br><br><b>Kids Klub Closed</b>                                       | 28<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 29<br><input type="checkbox"/> Before<br><input type="checkbox"/> After | 30<br><input type="checkbox"/> Before<br><input type="checkbox"/> After |   |

|                             |   |
|-----------------------------|---|
| <b>Before School</b>        | _____ days x \$10.00 per day = \$ _____ |
| <b>After School</b>         | _____ days x \$10.00 per day = \$ _____ |
| <b>Before &amp; After</b>   | _____ days x \$15 per day = \$ _____    |
| <b>Full Day</b>             | _____ days x \$24 per day = \$ _____    |
| <b>Full Day addtl child</b> | _____ days x \$19 per day = \$ _____    |
| <b>TOTAL PAID</b>           | \$ _____                                |

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