

Kids' Company K- 5th Weekly Payment Form



Weekly payment for _____

Week of: _____ to _____

Please place an "X" for the days attended. If you are using sick/vacation days, indicate in the "comp" column below

	Before School ONLY 6:00-8:00am \$7.00	After School ONLY 2:40-6:15pm \$13.00	Non School Day \$35.00	Early Release Day \$17.00	Comp Day \$0.00
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total					



Total Amount Owed \$ _____

Credit/Debit Card # _____ Exp. Date: _____

Card Holder's Signature: _____

Check # _____

Payable to "Kids' Company"

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Check # _____

Payable to "Kids' Company"

Kids' Company Preschool Weekly Payment Form



Weekly payment for _____

Week of: _____ to _____

Please place an "X" for the days attended. If you are using sick/vacation days, indicate in the "comp" column below

	Before School ONLY 6:00-8:30am \$9.00	After School ONLY 2:00-6:15pm \$15.00	School Day 8:00am-3:00pm \$22.00	Full Day \$30.00	Non School Day 8:00am-3:00pm \$37.00	Comp Day \$0.00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total						

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