River Trails Park District
1500 E. Euclid Ave.
www.rtpd.org

Mt. Prospect, IL 60056
847-255-1200
Fax: 847-255-1285

Kid Squad Weekly Payment Form

One Form Per Child

Give payment directly to the site supervisor at the school that your child attends. Please attach payment. ***Payments are due on the THURSDAY prior to the coming week**

A $10 fee will be applied to payments if late!

Child's Name: _____
LAST FIRST

Home Telephone Number:_____

School: _____Euclid _____Indian Grove Grade: _____

Child will be attending week(s) of _____ Payment $_____

_____ Before School Only Days (circle) M T W TH F

_____ After School Only Days (circle) M T W TH F

_____ Before & After School Days (circle) M T W TH F

	5 DAYS	4 DAYS	3 DAYS	2 DAYS	1 DAY
BEFORE SCHOOL ONLY	$35	$28	$21	$14	$7
AFTER SCHOOL ONLY	$45	$36	$27	$18	$9
BEFORE+AFTER SCHOOL	$65	$52	$39	$26	$13

A **20% discount** will be offered for each additional child registered in the same family.
(discount applies to youngest child)

	5 DAYS	4 DAYS	3 DAYS	2 DAYS	1 DAY
BEFORE SCHOOL ONLY	$28	$22.40	$16.80	$11.20	$5.60
AFTER SCHOOL ONLY	$36	$28.80	$21.60	$14.40	$7.20
BEFORE+AFTER SCHOOL	$52	$41.60	$31.20	$20.80	$10.40

INSERVICE & INSTITUTE DAYS Fees will be $25 for a half day.

Amount Enclosed $_____Check Cash *Credit Card ($20 minimum)

***Credit Card must be kept on file for us to process. Please ask for special form.**

For Office Use Only
Date Processed_____
Type of CC_____
Amount_____
Entered by_____

$10 Late Payment Fee
Payment Due Thursday for coming Week