

Kid Squad Weekly Payment Form

River Trails Park District
1500 E. Euclid Ave.

www.rtpd.org

Mt. Prospect, IL 60056

847.255.1200 Fax: 847.255.1285

One Form Per Child Per Week

Payments are due on the **TUESDAYS** prior to the coming week

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

Please Print:

Child's Name _____

LAST

FIRST

Home Phone Number: _____ **Child's Barcode:** _____

School: _____ Indian Grove _____ Euclid Grade: _____

Child will be attending week of _____

_____ 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	\$38	\$30	\$23	\$15	\$8
After School Only	\$48	\$38	\$29	\$19	\$10
Before & After School	\$71	\$56	\$43	\$28	\$15
Early Release (PM Only)					\$25

A **discount** will be offered to each additional child registered in the same family.

	5 Days	4 Days	3 Days	2 Days	1 Day
Before School Only	\$30	\$24	\$18	\$12	\$6
After School Only	\$38	\$30	\$23	\$15	\$8
Before & After School	\$57	\$45	\$34	\$22	\$12

_____ Check _____ Cash _____ Credit Card **Amount \$** _____ per child

For Office Use Only

Date Processed _____

Type of payment _____

Amount \$ _____

Entered by _____