

AFTER-SCHOOL PROGRAMS

MINI SESSION 2021

Child's Name: _____ Grade: _____

AFTER-SCHOOL PROGRAMS WILL RUN FOR THREE (3) WEEKS, STARTING THE WEEK OF APRIL 19TH AND ENDING THE WEEK OF MAY 3RD.

I would like my child to participate in the following after school programs: (Circle all that apply.)

FRIDAY
Team Sports K. Roberts Grades K-2 3:15pm-4:00pm \$50

PAYMENT SHOULD BE ATTACHED TO THIS FORM, AND ARE DUE NO LATER THAN WEDNESDAY, APRIL 21, 2021.

I would like to pay using: (Circle payment method.)

Cash

Check

Credit Card

If paying by credit card, please fill out the following information.

Name on credit card: _____

Credit Card Number: _____

Expiration Date: _____ CVC: _____

PLEASE MARK HOW YOUR CHILD WILL BE PICKED UP AFTER THE PROGRAM(S) END.

___My child will be picked up in the carline by: _____

___My child will attend KiX after the program ends.

