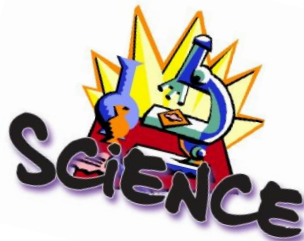
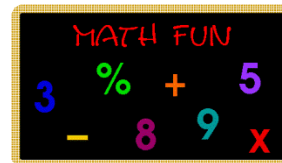


KIDS KLUB'S
DISTANT
LEARNING LAB

Hear ye, Hear ye!
JOIN US FALL 2020 AS
WE SUPPORT SCHOOL AGE
CHILDREN IN DISTANT
LEARNING!



DISTANT LEARNING AT KIDS KLUB



DISTANT LEARNING SUPPORT PROGRAM CONTRACT

Please indicate which Kids Klub Location you will need:

Kids Klub Pasadena

Kids Klub SGR

Kids Klub South Pasadena

Child's Name: _____

Parent's Name: _____

Phone number: _____

E-mail: _____

School Name: _____

Grade: _____ Start Date: _____

Allergies: _____

PLEASE CHECK WHICH PROGRAM YOU ARE ENROLLING IN ALL PROGRAMS INCLUDE BREAKFAST, LUNCH, & SNACKS

Full Time: (7:00 – 6:00)

AM (7:00-12:30)

PM (12:30 -6:00)

Check the circle of program you choose:	Program:	Cost: Per Month
<input type="radio"/>	5 Days (M-F) Full Day	1,850.00
<input type="radio"/>	3 Days (M/W/F) Full Day	1,300.00
<input type="radio"/>	2 Days (T/Th) Full Day	900.00
<input type="radio"/>	5 Days (M-F) AM	1,100.00
<input type="radio"/>	3 Days (M/W/F) AM	750.00
<input type="radio"/>	2 Days (T/Th) AM	525.00
<input type="radio"/>	5 Days (M-F) PM	1,100.00
<input type="radio"/>	3 Days (M/W/F) PM	750.00
<input type="radio"/>	2 Days (T/Th) PM	525.00

PARENT SIGNATURE: _____ **DATE:** _____

<p>FOR OFFICE USE ONLY:</p> <p>Full Day: M ___ T ___ W ___ TH ___ F ___ Program Code: _____</p> <p>Half Day: M ___ T ___ W ___ TH ___ F ___ Program Code: _____</p> <p>Class Name: PAS. BC ___ EA ___ DR ___ SGR. SF ___ SR ___ SH ___ SPS. B2 ___ E2 ___ D2 ___</p> <p>Start Date: _____ Discount: _____</p>	<p>1st Month: \$ _____ (___ Weeks at \$ _____ = \$ _____) + (___ Days at \$ _____ = \$ _____) = 1st Month Subtotal: _____</p> <p>2nd Month: \$ _____</p> <p>Grand Total Due Upon Start: \$ _____</p>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">_____ Member #</td> <td style="width: 50%;">_____ Allergies Y N</td> <td style="width: 50%;">_____ Labels</td> </tr> <tr> <td>_____ Billing</td> <td>_____ Director</td> <td>_____ Teacher</td> </tr> <tr> <td>_____ Orientation</td> <td></td> <td></td> </tr> </table>		_____ Member #	_____ Allergies Y N	_____ Labels	_____ Billing	_____ Director	_____ Teacher	_____ Orientation		
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_____ Billing	_____ Director	_____ Teacher								
_____ Orientation										