

Childs Name: _____

Age: _____

Res / Non-Res

WEEK	DATE	AMT.	RECPT	C/CC	INITIAL	FT/PT	DAYS (trip=*)				
WK 1						FT 4D 3D	M	T	W	TH	F
WK 2						FT 4D 3D	M	T	W	TH*	F
WK 3						FT 4D 3D	M	T	W*	TH	F
WK 4						FT 4D 3D	M	T	W*	TH	F
WK 5						FT 4D 3D	M	T		TH*	F
WK 6						FT 4D 3D	M	T	W*	TH	F
WK 7						FT 4D 3D	M	T	W*	TH	F
WK 8						FT 4D 3D	M	T	W*	TH	F
WK 9						FT 4D 3D	M	T	W	TH	F*
WK 10						FT 4D 3D	M	T	W*	TH	F
WK 11						FT 4D 3D	M	T	W*	TH	F

First/last week attending paid in full plus \$20.00 deposit for each week wanting to attend (NO REFUNDS)