



May-June 2017 Option 2 Calendar

Name: _____ KidVentures Site: _____

Mon	Tue	Wed	Thu	Fri
1 Before School FULL Before School HALF After School	2 Before School FULL Before School HALF After School	3 Before School FULL Before School HALF After School	4 Before School FULL Before School HALF After School	5 Before School FULL Before School HALF After School
8 Before School FULL Before School HALF After School	9 Before School FULL Before School HALF After School	10 Before School FULL Before School HALF After School	11 Before School FULL Before School HALF After School	12 Before School FULL Before School HALF After School
15 Before School FULL Before School HALF After School	16 Before School FULL Before School HALF After School	17 Before School FULL Before School HALF After School	18 Before School FULL Before School HALF After School	19 Before School FULL Before School HALF After School
22 Before School FULL Before School HALF After School	23 Before School FULL Before School HALF After School	24 Before School FULL Before School HALF After School	25 Before School FULL Before School HALF After School	26 Before School FULL Before School HALF After School
29 KV CLOSED! Happy Memorial Day!	30 Before School FULL Before School HALF After School	31 Before School FULL Before School HALF After School	June 1 Before School FULL Before School HALF After School	June 2 Before School FULL Before School HALF After School
June 5 Before School FULL Before School HALF After School	June 6 Before School FULL Before School HALF After School	June 7 KV CLOSED	June 8 KV CLOSED	June 9 KV CLOSED

Please indicate (by circling) which days/sessions your child will be attending

*One calendar PER CHILD please, unless the schedules for siblings are identical.

Before School **FULL**

(6:30 AM- School Start) \$6.50/Day (M, T, TH, F) & \$8.00/W

Before School **HALF**

(7:30 AM - School Start) \$4.50/Day (M, T, TH, F) & \$6.00/W

After School

(After school - 6 PM) \$10.00/Day

_____ X \$6.50 = _____

Total # Before School **FULL**
(M, T, TH, F)

_____ X \$8.00 = _____

Total # Before School **FULL** (W)
*Includes Late Start

_____ X \$4.50 = _____

Total # Before School **HALF**
(M, T, TH, F)

_____ X \$6.00 = _____

Total # Before School **HALF** (W)
*Includes Late Start

_____ X \$10.00 = _____
Total # After School (M-F)

Total Owed for Month: _____

Amount Enclosed: \$ _____ OR
Check or Cash

Will Pay

Online: \$ _____

There will be a \$10 Flat fee charged to all families who have not turned in their calendars by the due date: Thursday, April 20th

Please return to the NCRC (1651 Jefferson Parkway), your KidVentures site, fax to 507-664-3651, or email to MHansen@northfieldschools.org by Thursday, April 20th. Thank you!