

**K-5 Summer School – Schedule/Payment for AfterCare @ Arrowwood – open until 6 pm
(please return to Community Education by June 7)**

Student #1 Name _____ School _____

Student #2 Name _____ School _____

Student #3 Name _____ School _____

Per Day Fee	Mondays \$8 - 1 st Student \$6 - Additional sibling	Tuesdays \$8 - 1 st Student \$6 - Additional sibling	Wednesdays \$6 - 1 st Student \$4 - Additional sibling	Thursdays \$8 - 1 st Student \$6 - Additional sibling	Friday Summer Camp Only \$24 first students \$18 Additional Sibling
-------------	--	---	---	--	---

Mark (x) each day below for days needed. Leave blank if not attending.

Due by 6/7	Monday, 6/12	Tuesdays, 6/13	Wednesdays, 6/14	Thursdays, 6/15	TOTAL	Friday, 6/16
1 st Student						Summer Camp ONLY (separate schedule)
2 nd Sibling						
3 rd Sibling						
Per Day Amt.	\$	\$	\$	\$	\$	No Summer School

Due by 6/14	Monday, 6/19	Tuesday, 6/20	Wednesday, 6/21	Thursday, 6/22	TOTAL	Friday, 6/23
1 st Student						Summer Camp ONLY (separate schedule)
2 nd Sibling						
3 rd Sibling						
Per Day Amt.	\$	\$	\$	\$	\$	No Summer School

Due by 6/21	Monday, 6/26	Tuesday, 6/27	Wednesday, 6/28	Thursday, 6/29	TOTAL	Friday, 6/30
1 st Student						Summer Camp ONLY (separate schedule)
2 nd Sibling						
3 rd Sibling						
Per Day Amt.	\$	\$	\$	\$	\$	No Summer School

A Check/Money Order, payable to STCS, or cash must accompany this schedule. There are no credits/refunds for unused days.

Date Received: _____ Amt Paid \$ _____ Money Order/Check#: _____ Cash _____

Credit Card Exp. Date ____ / ____ 3 digit _____

Name on Credit Card _____ Phone Number _____

Address _____