

EdVenture Club

June 2019

Elk River Area, Rogers, Hassan & Otsego

Monday	Tuesday	Wednesday	Thursday	Friday	
3	4	5	6	7	Total \$
_____ Before	_____ Before	_____ Before	_____ Before	_____ Before	
_____ After	_____ After	_____ After	_____ After	_____ After	
10					Total \$
_____ Before					
_____ After					

Weekly Rates:

AM EdVenture Club

6am to start of school

	1st Child	Sibling(s)
1 Day	\$16	\$13
2 Days	\$25	\$21
3 Days	\$32	\$27
4 Days	\$38	\$32
5 Days	\$44	\$37

PM EdVenture Club

After school until 6pm

	1st Child	Sibling(s)
1 Day	\$18	\$16
2 Days	\$30	\$27
3 Days	\$36	\$32
4 Days	\$42	\$37
5 Days	\$48	\$43

Non-School Days

	1st Child	Sibling(s)
6am-6pm	\$40	\$34

SUBTOTAL _____

\$20 LATE FEE _____

Grand Total _____

STUDENT NAME _____

STUDENT NAME _____

PARENT/GUARDIAN NAME _____

SITE ATTENDING _____ **Daytime Telephone** _____

CREDIT CARD # _____ **EXP.** _____

Card Holder _____

(Credit Cards are not kept on file)

I authorize ISD 728 Community Education to charge my Visa, Mastercard or Discover credit card the above tuition fee plus a late fee, if incurred, and make adjustments to the amount including any past due if I have added incorrectly. I also agree to notify Community Education if I close or change my credit card.

Charge me the entire amount I have scheduled above

Charge me a weekly amount for the attendance scheduled above

NOTES/COMMENTS _____

PLEASE COMPLETE EDVENTURE CLUB BEFORE and/or AFTER ATTENDANCE AND RETURN WITH MATCHING PAYMENT. PAYMENT DEADLINE IS 6PM MONDAY THE WEEK PRIOR TO PLANNED ATTENDANCE WEEK. CALENDARS/PYMTS RECEIVED AFTER DEADLINE WILL INCUR A \$20 LATE FEE PER WEEK.

Office Use Only

Check/MO# _____

Cash Credit

Late Fee Week # _____

Account _____

Date Posted _____

Amount _____

Please make checks payable to: Community Education

Questions?? Email; edventureclub@isd728.org Fax #763-241-3521

Telephone #763-241-3544

Please do not fax colored paper-photo taken by cell phone of this document is not accepted