

# EdVenture Club

## June 2019

Prairie View, Westwood, Zimmerman

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

### Weekly Rates:

#### AM EdVenture Club

6am to start of school

	1st Child	Sibling(s)
<b>1 Day</b>	<b>\$14</b>	<b>\$11</b>
<b>2 Days</b>	<b>\$21</b>	<b>\$18</b>
<b>3 Days</b>	<b>\$27</b>	<b>\$23</b>
<b>4 Days</b>	<b>\$34</b>	<b>\$28</b>
<b>5 Days</b>	<b>\$38</b>	<b>\$34</b>

#### PM EdVenture Club

After school until 6pm

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

#### Non-School Days

	1st Child	Sibling(s)
<b>6am-6pm</b>	<b>\$40</b>	<b>\$34</b>

**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