

KID STOP SCHEDULE
PLEASE BILL ME ON LINE

STUDENT(S) NAME - _____ School _____

WEEK OF _____ A schedule will be required each week.

YEARLY SCHEDULE _____ Same schedule all school year.
(Only one schedule needs to be submitted, however please contact Kid Stop and your child's school if there is a change of plans.)

MORNING KID STOP (\$3/CHILD/AM)

Please circle AM's attending: **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.**

AFTER-SCHOOL KID STOP (\$5/child/PM, \$3/child/PM for any add'l child in same family)

Please circle afternoons attending: **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.**

Please note - Once the above week is complete your balance due will be posted in the parent portal in Infinite Campus the following week. You are required to pay your fees in full once they have been posted.