

BARABOO SCHOOL DISTRICT KID STOP PROGRAM

Student(s) Name _____ Week of _____ School _____

MORNING KID STOP - \$3/child/MORNING
(Please "X" mornings your child/children will be attending)

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

AFTER-SCHOOL KID STOP - \$5/child/AFTERNOON
*(\$3/child/day for any additional children in the same family)
(Please "X" afternoons your child/children will be attending)*

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

**PLEASE SUBMIT
PAYMENT WITH
SCHEDULE.**

Mornings _____ children x \$3 per morning = \$ _____
After-School One child: _____ afternoons x \$5 = \$ _____
Two children: _____ afternoons X \$8 = \$ _____
Three or more siblings: please add \$3/child/day = \$ _____

TOTAL AMOUNT DUE = \$ _____ Check # _____ Cash \$ _____