

NUM OF ELOP

Child's Name

My child will have a regular schedule at KidsPLAY. By selecting this option, I am confirming that my child will maintain the following days each week until further notice.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	_	
BEFORE						-	
AFTER							
PARENT/GUARDIAN SIGNATURE					DATE		
				<u>OR</u>			
57	's schedule at Kid ttendance.	sPLAY will chan	ge frequently durin	g the school year a	and I agree to fill o	out a monthly calendar to	schedule his/her
PARENT/G	UARDIAN SIGNATURE	<u> </u>			DATE		
HINGS TO REMEMBER: 024/2025 school year daily rates: 10 % DISCOUNT APPLIED TO SECOND CHILD) 10 per day-Before School Only (M-f) 25 per day-After School Only (M-F) 30 per day-Before & After School (M,T,W,F) 35 per day– After School Only (Thursday ONLY) 40 per day Before & After School (Thursday ONLY) agree to pay for the days I have registered for <i>in advance</i> of the time attendir			 KidsPLAY is closed on all State of Maine holidays and when indicated on monthly calendars You are required to pay for the days that you registered for, even if your child does not attend that day. (i.e. your child is sick) You are financially committed to the days/ times marked on your calendar once calendars have been processed. Registration calendars for the next month are due to the Eliot Rec. Dept. Administrative Assistant by the 20th of the current month. 				
			ce of the time attending	g. I will pay:			
weekly _	bi– weekly	monthly		Parent/G	uardian Signature		Date