



Kids Club/Centennial School District #12

4707 North Road, Circle Pines, MN 55014
 Phone: 763-792-6193 • fax: 763-792-6050
 www.isd12.org • e-mail kidsclub@isd12.org
 Federal Tax ID #41-600-88111

Rec'd by (staff initials):	
KC Staff _____	Date _____
KC DO _____	Date _____

Kids Club Variable Calendar

This calendar must be submitted to your school's Kids Club site by February 23.

Reminder: An average of 1 (one) day per week is required. Once the calendar is turned in, it may not be changed. Failure to submit calendar prior to the 23rd will result in no care. **On days care is needed, designate the type of care needed by writing your initials next to appropriate care.**

March 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Before ___ K-Time ___ After ___	2 Before ___ K-Time ___ After ___	3
4	5 Before ___ K-Time ___ After ___	6 Before ___ K-Time ___ After ___	7 Before ___ K-Time ___ After ___	8 Before ___ K-Time ___ After ___	9 SRD	10
11	12 SRD	13 SRD	14 SRD	15 SRD	16 SRD	17
18	19 Before ___ K-Time ___ After ___	20 Before ___ K-Time ___ After ___	21 Before ___ K-Time ___ After ___	22 Before ___ K-Time ___ After ___	23 Before ___ K-Time ___ After ___	24
25	26 Before ___ K-Time ___ After ___	27 Before ___ K-Time ___ After ___	28 Before ___ K-Time ___ After ___	29 Before ___ K-Time ___ After ___	30 SRD	31

If your child(ren) attend(s) Kids Club at **Blue Heron, Centennial, Centerville or Rice Lake**, fill out the following information:

Number of Days of Before School Kids Club	_____	X	\$13.50	=	\$ _____
Number of Days of After School Kids Club	_____	X	\$10.50	=	\$ _____
Number of Days of K-Time	_____	X	\$14.50	=	\$ _____
Total \$ Due for Month				=	\$ _____

If your child(ren) attend(s) Kids Club at **Golden Lake**, fill out the following information:

Number of Days of Before School Kids Club	_____	X	\$10.50	=	\$ _____
Number of Days of After School Kids Club	_____	X	\$13.50	=	\$ _____
Number of Days of K-Time	_____	X	\$14.50	=	\$ _____
Total \$ Due for Month				=	\$ _____

Child(ren)'s Name(s) _____ Circle School: BH CT CV GL RL

Parent/Guardian Signature _____ Total Due: _____