



# Sign in/ out Billing Form

April 2008

## Kids Inc./Kindergarten Care

Month

(Please circle)

A separate form is required for each program

Site \_\_\_\_\_

School \_\_\_\_\_

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Please circle the days you want to reserve child care for the month-please specify AM/PM or both

Payments are due by the 5th of the month

Monday	Tuesday	Wednesday	Thursday	Friday
AM _____ PM _____	1 AM _____ PM _____	2 AM _____ PM _____	3 AM _____ PM _____	4 AM _____ PM _____
7 AM _____ PM _____	8 AM _____ PM _____	9 AM _____ PM _____	10 AM _____ PM _____	11 AM _____ PM _____
14 AM _____ PM _____	15 AM _____ PM _____	16 AM _____ PM _____	17 AM _____ PM _____	18 AM _____ PM _____
21 AM _____ PM _____	22 AM _____ PM _____	23 AM _____ PM _____	24 AM _____ PM _____	25 AM _____ PM _____
28 AM _____ PM _____	29 AM _____ PM _____	30 AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____

Reserved \_\_\_\_\_AM \_\_\_\_\_PM

**Kids Inc Fees**

**Full Time:**

Any use 13 days or more per month  
AM- \$90 PM- \$140 Combined AM & PM- \$213

**Part Time:**

Any use 12 days or less per month  
AM- \$70 PM- \$110 Combined AM & PM- \$162

**Kindergarten Care Fees**

**\$230**

<b>TOTAL FEES</b>	<input type="text"/>
<input type="checkbox"/> CASH	<input type="checkbox"/> MONEY ORDER
<input type="checkbox"/> CHECK# _____	
<input type="checkbox"/> CREDIT CARD/DEBIT (VISA & Mastercard Only)	
# _____	
EXP. DATE _____	
<input type="checkbox"/> SCHOLARSHIP	
<input type="checkbox"/> OTHER	
RECEIVED BY: _____	

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