



KidKare School Age Change of Attendance Form

KidKare Fax number: 763-682-8795

Family Name: _____

Week of: _____ **OR** Month of: _____

Site attending: Discovery____ Northwinds____ Tatanka____ Hanover____ Montrose____

Please mark the times your child(ren) will attend KidKare:
(Write in **HR.** for hour or less.)

Child who attends the most hours in a given day is considered the first child.

	Before School (6:00 – 8:30) \$6	After School (2:30 – 6:30) \$10.00 Hour or less-\$6	Full Day Non-school \$34.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

	Before School (6:00 – 8:30) \$5	After School (2:30 – 6:30) \$9 Hour or less-\$5.50	Full Day Non-school \$32.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Payment must be turned in with this form on or before Friday of the week prior to care. Please include your child's name on the payment and staple to the back of this form.
Changes must be made prior to the beginning of the week of care for reimbursement.

Subtotal 1st child: _____ Subtotal Additional child/ren: _____
Total fees: _____ Cash/Check: _____ Money in account: _____ County Assistance: _____
Please charge my: Credit card _____ Card # on file: _____ Will pay on-line: _____
Account number: _____ Expiration date: _____

KidKare Attendance Lines:

Discovery: 763-682-8746 Hanover: 763-682-0870 Montrose: 763-682-8360
Northwinds: 763-682-8830 Tatanka: 763-682-8632

Parent Signature: _____ Date: _____

Making a Difference!