Amherst Schools Comet Kids' Club

Student's Name:		Grade:
Home Phone:		School:
Address:		
Mother/Guardian:	Work Phone:	Home Phone:
Email Address:		
Father/Guardian:	Work Phone:	Home Phone:
Email Address:		

POWERS AND NORD SCHEDULE OF ATTENDANCE: Please indicate your most frequent choice.

Before **After** **Before & After**

Days of Attendance: For Powers and NORD, please circle your days here:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PLEASE SIGN AND RETURN:

Fees can be paid by check or using our on-line program: payschoolscentral.com

Checks payable to: Amherst School District/Comet Kids' Club. All fees are due by the end of each week.

Students with $30.00 or more unpaid balance may not attend the program.

I agree to pay $8.00 per session or the full time rate of $16/per day, applicable to my child's participation in the program and to abide by the above stated payment policy.

Parent/Guardian's Signature ***Date***

Please remember that Comet Kids' Club follows the school calendar. If school is closed, there will not be a before or after program