

DISCOVERY CLUB

PAYMENT VOUCHER

Alta Vista

FULL-TIME RATE

Month: _____

Child: _____

Parent: _____

12:55-2:00 Kinders \$8 \$ _____

12:55-6:00 kinders \$15 \$ _____

2:10-6:00 1-5th \$13 \$ _____

Total Amt. Paid: \$ _____

OFFICE USE ONLY

Date: _____

Receipt#: _____

By: _____

Cash/CA/CC/Check#: _____