DISCOVERY CLUB PAYMENT VOUCHER
AUBURN ELEM.   FULL-TIME RATE

Month: _____

Child: _____

Parent:_____

Kindergarten AM	**Kindergarten PM**
7-9:50am Full Time $11	**1:50-6pm Full Time $14**
$_____	$_____

All Grades AM	**All Grades PM**
7-8:50am Full Time $8	**2:50/3-6pm Full Time $11**
$_____	$_____

TOTAL $_____

OFFICE USE ONLY
Date: _____
Receipt #: _____
By: _____
Cash/CA/CC/check #_____