

DISCOVERY CLUB PAYMENT VOUCHER
AUBURN ELEM. FULL-TIME RATE

Month: _____

Child: _____

Parent: _____

7-8:50 all grades \$ _____
7-11:35 kinders. \$ _____
11:45-3:05 kinders. \$ _____
11:45-6:00 kinders. \$ _____
3:05-6:00 all grades \$ _____

BEFORE & AFTER:

Combo AM & 3:05-6:00 \$ _____
Combo AM & 11:45-3:05 \$ _____
All day kindergarten care \$ _____

TOTAL \$ _____

Min days included in quoted monthly rate

OFFICE USE ONLY

Date: _____

Receipt #: _____

By: _____

Cash/CA/CC/check # _____

DISCOVERY CLUB PAYMENT VOUCHER

Auburn. Elem. PART-TIME DAILY RATE

Month: _____

CHILD: _____

PARENT: _____

7:00-8:50 only \$ _____

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31					

7:00-11:35 \$ _____

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31					

11:45-3:05 \$ _____

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31					

11:45-6:00 \$ _____

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31					

3:05-6:00 \$ _____

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31					

Min. days: \$5 X _____ days total \$ _____

Combo AM & 3:05-6:00

Combo AM & 11:45-3:05

All day kindergarten

TOTAL: \$ _____

Receipt # _____ by: _____ cash/CA/CC/Check