

**DISCOVERY CLUB
PAYMENT VOUCHER
SKYRIDGE FULL-TIME RATE**

Month: _____

Child: _____

Parent: _____

7:00-8:00 \$ _____

12:55-2:10 \$ _____

12:55-6:00 \$ _____

2:10-6:00 \$ _____

Before & after combo:

7-8:00 & 12:55-6:00 \$ _____

7-8:00 & 2:10-6:00 \$ _____

Min. days are included in the quoted monthly rate

Total Amt. Paid: \$ _____

OFFICE USE ONLY

Date: _____

Receipt#: _____

By: _____

Cash/CA/CC/Check#: _____

DISCOVERY CLUB PAYMENT VOUCHER

Skyridge PART-TIME DAILY RATE

Month: _____

CHILD: _____

PARENT: _____

7:00-8:00 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					

12:55-2:10 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					

OR 12:55-6:00 only: \$ _____

2:10-6:00 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					

Before & after combo time: _____

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					

\$ _____

Add minimum days X\$5: \$ _____

Total Amt. Paid: \$

OFFICE USE ONLY

Date: _____

Receipt #: _____