



**BOYS & GIRLS CLUBS**  
OF THE FOX VALLEY

**Boys & Girls Clubs of Highlands Elementary  
Extended Day Learning Program  
2022-2023 School Year**

OFFICE USE ONLY	
Amount Paid: \$	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit <input type="checkbox"/> Chk # _____
<b>Received By:</b>	
Initials: _____	Date: _____

**Parent or Guardian Responsible for Payment:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email used for Statements: \_\_\_\_\_

**CHILD(REN)'S INFORMATION:**

LAST NAME	FIRST NAME	M.I.	AGE	DATE OF BIRTH

The semester fee to attend this program is \$25.00 per semester, in total \$50.00 per year. The program will not allow the inability to pay fees to be a barrier to participation. Fee waivers are available. No documentation is required to obtain a fee waiver.

**Please select from the following options:**

- I can pay the full amount
- I can pay a partial amount (\$\_\_\_\_\_/Semester)
- I am unable to pay at this time
- I can pay an additional amount for another student (\$\_\_\_\_\_/Semester)

Providing the student's FRL status is *optional* and opting not to provide this information will not impact your ability to access financial assistance/fee waivers or your child's ability to participation in the program.

**Income Qualified Fee Level (optional):**     FREE     REDUCED     INELIGIBLE

**AUTHORIZED SIGNATURE of Parent or Guardian Responsible for Payment:**

Please note that by signing below you agree:

- ✓ The information you have provided is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return to your Club's Unit Director*