RAH Payment Form

Week of: _____ **Child's Name:** _____

School: _____ **Grade:** _____

Total: $_____ *Residents - $10 per day/Non-Residents - $13 per day*

REMINDER: Your child will only be able to attend on the days they are in school.

Please Circle the days your child will be attending.

GROUP A:	**Monday**	**Wednesday**	**Friday**
GROUP B:	**Tuesday**	**Thursday**	**Friday**

I authorize the Chicago Ridge Park District to charge the above amount to my credit card. I understand that my card will be charged on the Friday before the above requested days.

Parent Signature: _____ Date: _____