RAH Payment Form

| School: | | | | Grade: |
|----------------------------------|---|--|---|--|
| Total: \$ | Re | esidents - \$10 p | er day/Non-Re | esidents - \$13 per day |
| REM | INDER: Your child will | only be able to at | tend on the days | they are in school. |
| | <u>Please Circle</u> | e the days your ch | ild will be attend | ing. |
| | GROUP A: | Monday | Wednesday | Friday |
| | GROUP B: | Tuesday | Thursday | Friday |
| | nicago Ridge Park Distr be charged on the Fric | - | | my credit card. I understanc /s. |
| | | | | |
| Parent Signature: | · | | | Date: |
| Parent Signature: | : | | | Date: |
| Parent Signature: | : | RAH Payment | | Date: |
| | | RAH Payment | t Form | Date: |
| Week of: | | RAH Payment | t Form | |
| Week of: School: | | RAH Payment | t Form | |
| Week of: School: Total: \$ | | RAH Payment Child's Name: esidents - \$10 p | t Form er day/Non-Re | Grade: esidents - \$13 per day |
| Week of: School: Total: \$ | <i>Re</i> | RAH Payment Child's Name: esidents - \$10 p | t Form er day/Non-Re tend on the days | Grade: esidents - \$13 per day they are in school. |
| Week of: School: Total: \$ | <i>Re</i> | RAH Payment Child's Name: esidents - \$10 p only be able to att | t Form er day/Non-Re tend on the days | Grade: esidents - \$13 per day they are in school. |

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: _____