



Kids Connection Schedule Before & After School 2025-2026 SCHEDULE CHANGE/PROGRAM CANCELLATION FORM

Please complete one form for each child. Payments will be made in advance. Monthly payments will be due every month on the 20th for the following month. If the 20th falls on a weekend, payment is due the business day prior to the 20th. If you wish to have your credit/debit card on file and charged every month, please select AUTO-PAY when filling out payment method. If you wish to pay by Cash or Check, you must do so in the Parks and Recreation office. Please visit our website for the parent handbook with all policies and procedures at www.greenfieldparksrec.com or scan the QR code with your phone camera. If you are splitting payment with another party, BOTH parties must submit at Change/Cancellation form.



Child's Full Name _____ School _____ Grade _____

Parent's Full Name _____ Phone (____) _____ Date: ____/____/____

Will you be splitting payment with another party? ☐ Yes ☐ No Name (First & Last) of other party _____

The weekly fees are as follows:

Days Per Week	2 Days	3 Days	4-5 Days
Before School (AM)	\$21.15	\$30.00	\$42.20
After School (PM)	\$29.25	\$39.75	\$56.25
Both (AM & PM)*	\$45.15	\$64.15	\$85.50

The Early Release and Schools Out fees are as follows:

Program	Fee Per Day
Early Release Afternoon Only*	\$15.90
Schools Out Regular Day	\$35.00
Schools Out with Field Trip	\$45.00

Sibling discounts are automatically calculated when enrolling. Children must attend 3 or more days per week to receive a sibling discount. The first child is the full fee and each child thereafter will receive a 10% discount. **Please Note: You will not be charged for days there is no Kids Connection. (*) If your child is enrolled in both the Before & After School programs, you can enroll in Early Release days at no extra charge, but you still need to indicate any Early Release days your child will be attending.**

Schedule:

Please select the days and times your child listed above will attend before and/or after school each week. Schedule must be consistent each week with a minimum of 2 days per week in attendance. Also indicate any Early Release or Schools Out days your child would like to attend.

Program Hours: AM Care 6:30 am-8:45 am | PM Care 3:26 pm-6:00 pm | Early Release 1:26 pm-6:00 pm | Schools Out 6:30 am-6:00 PM

☐ Schedule Change Effective Beginning: ____/____/____ OR ☐ Cancellation Effective: ____/____/____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*

Early Release 2025-26		Schools Out 2025-26 (Field Trip Dates TBD)					
<input type="checkbox"/> October 9	<input type="checkbox"/> June 11	<input type="checkbox"/> September 26	<input type="checkbox"/> December 22	<input type="checkbox"/> January 19	<input type="checkbox"/> February 16	<input type="checkbox"/> April 1	<input type="checkbox"/> May 1
<input type="checkbox"/> February 26		<input type="checkbox"/> October 10	<input type="checkbox"/> December 23	<input type="checkbox"/> January 26	<input type="checkbox"/> March 30	<input type="checkbox"/> April 2	<input type="checkbox"/> May 22
		<input type="checkbox"/> October 23	<input type="checkbox"/> December 29	<input type="checkbox"/> February 13	<input type="checkbox"/> March 31		
		<input type="checkbox"/> November 26	<input type="checkbox"/> December 30				

Parent/Guardian Authorization (Please initial):

_____ I understand that my yearly enrollment schedule can be adjusted **twice per year with at least a 2 week notice of change** and if I change it more than twice per year or outside of the 2 week notice, additional fees will be incurred.

_____ I understand that enrolling in Auto-Pay means that my card will be charged on the 20th of each month (or business day prior if 20th falls on a weekend) for care for the following month and that this dollar amount will vary depending on the number of days in that particular month.

_____ I understand that if there are unresolved payment issues (including disputed credit card charges), children are not allowed to attend Kids Connection until payment issues are resolved.

_____ I understand that if my credit card information changes I will notify the Greenfield Parks & Recreation office as soon as possible. I understand if my credit card is declined, a \$15 processing fee will be incurred.

_____ I understand that if I cancel out of Kids Connection, I am not guaranteed a spot if I choose to re-enroll at a later date.

Payment Method:

☐ Cash ☐ Check ☐ Credit/Debit Card** Exp. ____/____

Card # _____

Card Holder Name _____

Signature _____

Auto-Pay (Credit/Debit* card only):

☐ By checking this box, I authorize my credit/debit card to be charged every month on the 20th, according to my schedule as submitted, on the Auto-Pay program.

() Your Kids Connection payment will appear as a charge from CITY OF GREENFIELD on your Credit Card/Bank statement.**



Greenfield Parks & Recreation Department
Office Hours: M-F 8:00 AM-5:00 PM
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