

ADMISSION AGREEMENT

Date of Enrollment _____ Name of Child _____
Child's Nickname _____ Date of Birth _____ Sex male
Home Address _____ Home Telephone _____
Mother's/Guardian's Name Susan Marie Powell
Employer _____
Employer Address _____ Employer Telephone _____
Father's/Guardian's Name Joshua Steven Powell
Employer _____
Employer Address _____ Employer Telephone _____
Child's primary source of emergency health care _____
Address _____ Phone Number _____
Child's primary source of emergency dental care _____
Address _____ Phone Number _____

Emergency Contacts (other than parents and people living in the child's home):

Name	Relationship to Child	Address	Phone Number
[Redacted]			

WVC, UT

Persons authorized to pick up the child:

Name	Relationship to Child	Address	Phone Number
[Redacted]			

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

Susan M Powell
(Signature of parent or guardian)

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

☒ to and from school
☒ other at discretion

☒ daily errands

☒ unscheduled activities

☒ field trips

Susan M Powell
(Signature of parent or guardian)

ADMISSION AGREEMENT

Date of Enrollment _____ Name of Child _____
Child's Nickname _____ Date of Birth _____ Sex _____
Home Address _____ Home Telephone _____
Mother's/Guardian's Name Susan Marie Powell
Employer _____ Employer Telephone _____
Employer Address _____
Father's/Guardian's Name Joshua Steven Powell
Employer _____ Employer Telephone _____
Employer Address _____
Child's primary source of emergency health care _____
Address _____ Phone Number _____
Child's primary source of emergency dental care _____
Address _____ Phone Number _____

Emergency Contacts (other than parents and people living in the child's home):

Name	Relationship to Child	Address	Phone Number

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In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

Susan M Powell
(Signature of parent or guardian)

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

☒ to and from school ☒ daily errands ☒ scheduled activities ☒ field trips
her at discretion

Susan M Powell
(Signature of parent or guardian)

11/24/09 5:15 PM

1 -

12/02/09 10:45 AM

Incoming 8

1 -

12/02/09 3:12 PM

Incoming 8

4 -

12/03/09 5:36 PM

1 -

12/07/09 6:09 AM

1 -

12/07/09 6:25 AM

1 -

12/07/09 7:25 AM

1 -

12/07/09 7:30 AM

1 -

12/07/09 8:13 PM

1 -

11/10/09	5:00 PM	
1	-	
11/11/09	11:04 AM	Incoming
2	-	
11/11/09	11:31 AM	
2	-	
11/11/09	11:32 AM	Incoming

(A)

Help Tip

(A) Call waitingMinutes used to manage more than one call using call waiting. Time is charged for the length of both completed calls.

1	-	
11/18/09	10:43 AM	Incoming
15	-	
11/18/09	1:00 PM	Incoming
4	-	
11/20/09	4:34 PM	
5	-	
11/20/09	4:59 PM	Incoming
1	-	
11/23/09	10:54 AM	Incoming
4	-	
11/23/09	1:02 PM	Incoming
1	-	
11/23/09	1:15 PM	Incoming
1	-	

Month/Yr. 2008

Parent Sign In/Out

Name [REDACTED]

AM

PM

July

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	7:50	5:45pm	7:50	5:45pm		224139 7
20	7:50	5:45pm	7:50	5:45pm		70.00
21	7:50	5:45pm				7-21-08
22	7:40	5:35pm				
23						
24						
25	7:40	5:15				
26	7:40	5:15	7:40	5:15		
27	7:40	5:15	7:40	5:15		
28	7:45	5:50pm				
29						
30						
31	9:30		5:30		5:30	

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. August 08

Parent Sign In/Out

Name [REDACTED]

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	8:00	6:pm			<i>[Signature]</i>	ck#1398
2	8:00	6:pm	8:00	6:pm		\$170.00
3	8:00	6:pm	8:00	6:pm		7-28-08
4	7:57am	6:00pm			<i>[Signature]</i>	
5	7:57am	5:50pm			<i>[Signature]</i>	
6						
7	9:00	3pm			<i>[Signature]</i>	8-4-08
8	7:40	5:30 pm				ck#1399
9	8:00	6:pm	8:00	6:pm		\$170.00
10	8:00	6:pm	8:00	6:pm		
11	7:40am	5:20pm				
12	7:40	5:40pm				
13						
14						ck1400
15	7:40pm	5:15pm				\$81.40
16	8:00	6:pm	8:00	6:pm		8-11-08
17	8:00	6:pm	8:00	6:pm		
18	7:50	5:54				
19	7:37	5:30				
20						
21						
22	7:50	5:25				
23	8:00	6:pm	8:00	6:pm		
24	8:00	6:pm	8:00	6:pm		
25						
26	7:35	5:40				
27						ck# 001320347
28	7:50		3:40	<i>[Signature]</i>		8-29-08
29	6:17	4:50				140.00
30	8:00	6:pm	8:00	6:pm		
31	8:00	6:pm	8:00	6:pm		

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Month/Yr. 2008

Parent Sign In/Out

Name [Redacted]

September

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	Paid Holiday					
2	6:15	5:30				
3						
4	8:55	11:25				9-3-08
5	6:20	5:48				\$70.00
6	[Scribbled]		[Scribbled]			CL \$100000 5087
7						
8	6:25	5:38				
9						
10						
11						
12	10:28	4:30				CL Bill Pay
13	[Scribbled]		[Scribbled]			\$70.00
14						9-10-08
15	6:25	5:58				
16	6:25	5:38				
17	6:25	4:20				
18						
19	6:32	4:44				CL Bell Pay
20	[Scribbled]		[Scribbled]			70.00
21						9-17-08
22	6:35	5:14				
23	6:30	4:28				
24	11:30	1:30				
25	6:30	5:55				20.00
26	6:30	5:45				7000
27	[Scribbled]		[Scribbled]			9-27-08
28						
29	6:25	5:50				
30	6:30	5:50				
31	[Scribbled]		[Scribbled]			

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Month/Yr. 2008

Parent Sign In/Out

Name [REDACTED]October

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:30	4:40				10-2-08
2	6:30	4:40				10-1-08
3	6:35	5:15				70.00
4	6:30	4:40				
5	6:30	4:40				
6	6:30	6:00				
7	6:30	5:55				
8	6:30					
9						
10	6:35	5:55				
11	6:30	4:40				
12	6:30	4:40				
13	6:35	5:57				
14	6:32	6:00				
15						
16	6:35	6:00				10-15-08
17						70.00
18	6:30	4:40				
19	6:30	4:40				
20	6:35	5:55				
21	6:30	6:00				
22						
23						10-22-08
24	6:40	5:05				70.00
25	6:30	4:40				
26	6:30	4:40				
27	6:30	5:59				
28	6:30	5:48				
29						10-29-08
30						UKH
31	6:30	5:30				70.00

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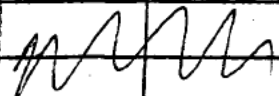
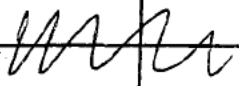
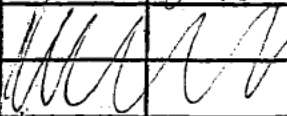
Month/Yr. _____

Parent Sign In/Out

Name _____

AM

PM

	IN	OUT		IN	OUT	PARENT SIGNATURE	Comments
	6:30	5:55					
4	6:35	5:45					
5							
6							11-5-08
7	6:38	4:40					70.00
8							
9							
10	6:38	5:59					
11	6:34	5:50					
12							
13							11-12-08
14	6:30	4:30					70.00
15							
16							
17	6:40	5:58					
18	6:38	6:00					
19							
20							OK 11-19-08
21	6:32	5:45					70
22							
23							
24	6:28	5:50					
25	6:33	6:05					
26	6:42	5:50					
27							11-25-08
28							70.00
29							
30							
31							

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Month/Yr. 2008

Parent Sign In/Out

Name [REDACTED]December

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:35	6:00				
2	6:35	5:50				
3						
4						
5	6:38	5:30				72-508 70.00
6	6:35	5:50	6:35	5:50		
7	6:35	5:50	6:35	5:50		
8	6:43	5:58				
9	6:39	5:55				
10						
11						
12	6:32	5:50				
13	6:35	5:50	6:35	5:50		
14	6:35	5:50	6:35	5:50		
15	6:35	5:50	6:35	5:50		
16	6:35	5:50	6:35	5:50		
17	6:35	5:50	6:35	5:50		
18	6:35	5:50	6:35	5:50		12-10-08 70.00
19	6:35	5:50	6:35	5:50		
20	6:35	5:50	6:35	5:50		
21	6:35	5:50	6:35	5:50		
22	6:28	5:55				
23	10:30	5:50				
24						
25	Paid Holiday					
26	9:20	4:				
27	6:35	5:50	6:35	5:50		
28	6:35	5:50	6:35	5:50		
29	6:30	5:50				
30	6:30	5:50				12-30-08 70.00
31						

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Month/Yr. 2008

Parent Sign In/Out

Name

December

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:35	6:00				
2	6:35	5:50				
3						
4						12-3-08
5	6:38	5:30				70.00
6	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
7	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
8	6:42	5:55				
9	6:39	5:55				
10						
11						
12	6:32	5:50				
13	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
14	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
15						
16						12-10-08
17						
18						70.00
19						
20	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
21	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
22	6:28	5:55				
23	6:30	5:50				
24						
25	Paid Holiday					
26	9:20	4:				
27	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
28	/ / / / /	/ / / / /	/ / / / /	/ / / / /		
29	6:30	5:50				
30	6:30	5:57				12-30-08
31						70.00

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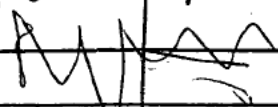
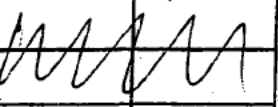
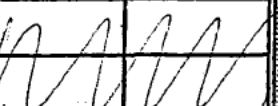
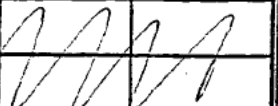
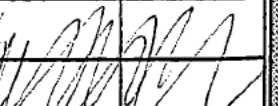
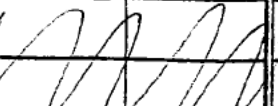
Month/Yr. _____

Parent Sign In/Out

Name _____

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3	6:30	5:55				
4	6:35	5:45				
5						
6						11-5-08
7	6:36	4:40				70.00
8						
9						
10	6:38	5:59				
11	6:34	5:50				
12						
13						
14	6:30	4:30				11-12-08
15						70
16						
17	6:40	5:58				
18	6:38	6:00				
19						
20						
21	6:32	5:45				ck 11-19-08
22						70.
23						
24	6:28	5:50				
25	6:33	6:05				
26	6:42	5:50				
27						11-25-08
28						70.00
29						
30						
31						

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Month/Yr. 2008

Parent Sign In/Out

Nam October

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:30	4:40				20.00
2	6:30	4:40				10-2-08
3	6:35	5:15				70.00
4	6:30	4:40				10-1-08
5	6:30	4:40				
6	6:30	6:00				
7	6:30	5:55				
8	6:30					
9						
10	6:35	5:55				
11	6:30	4:40				
12	6:30	4:40				
13	6:35	5:57				
14	6:32	6:00				
15						
16	11:00	6:00				10-15-08
17						70.00
18	6:30	4:40				
19	6:30	4:40				
20	5:35	5:55				
21	6:30	6:00				
22						
23						
24	6:40	5:50				10-22-08
25	6:30	4:40				70.00
26	6:30	4:40				
27	6:40	5:50				
28	6:38	5:48				
29						ck
30						10-29-08
31	6:30	5:30				70.00

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Month/Yr. 2008

Parent Sign In/Out

Name [REDACTED]

September

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	Paid Holiday					
2	6:15	5:30				
3						
4	7:45	11:25				9-3-08
5	6:20	5:48				70.00
6	XXXXXXXXXX		XXXXXXXXXX			OK #0000005086
7						
8	6:25	5:38				
9						
10						
11						
12	6:25	4:30				
13	XXXXXXXXXX		XXXXXXXXXX			OK Bill pay
14						9-10-08
15	6:25	5:58				70.00
16	6:25	5:38				
17	6:25	4:20				
18						
19	6:32	4:44				9-17-08
20	XXXXXXXXXX		XXXXXXXXXX			Bill pay
21						70.00
22	6:35	5:14				
23	6:30	4:28				
24	11:30	1:30				
25	6:30	5:55				20.00
26	6:30	5:45				70.00
27	XXXXXXXXXX		XXXXXXXXXX			9-17-08
28						
29	6:25	5:50				
30	6:30	5:50				
31	<u>XXXXXXXXXX</u>					

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Month/Yr. August 08

Parent Sign In/Out

Name [REDACTED]

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	8:00	6:pm			<i>[Signature]</i>	OK #1398
2	8:00	6:pm	8:00	6:pm		876.00
3	8:00	6:pm	8:00	6:pm		7-28-08
4	7:57am	6:00pm			<i>[Signature]</i>	
5	7:57am	5:50pm			<i>[Signature]</i>	
6						
7	9:00am		3pm		<i>[Signature]</i>	8-4-08
8	7:40pm	5:30pm				OK #1399
9	8:00	6:pm	8:00	6:pm		70.00
10	8:00	6:pm	8:00	6:pm		
11	7:40am	5:20pm				
12	7:40	5:48pm				
13						
14						OK 1400
15	7:40	5:15pm				OK 81.40
16	8:00	6:pm	8:00	6:pm		8-11-08
17	8:00	6:pm	8:00	6:pm		
18	7:50	5:54				
19	7:37	5:30				
20						
21						
22	7:50	5:25				
23	8:00	6:pm	8:00	6:pm		
24	8:00	6:pm	8:00	6:pm		
25						
26	7:35	5:40				
27						8-29-08
28	7:50		3:40	DD	<i>[Signature]</i>	OK #00132034 85
29	6:17	4:50				140.00
30	8:00	6:pm	8:00	6:pm		
31	8:00	6:pm	8:00	6:pm		

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Month/Yr. 2008

Name [REDACTED]

Sign In/Out

July

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	7:30	5:45pm	7:40	5:35pm		
20	7:30	5:45pm	7:40	5:35pm		
21	7:30	5:45pm				OK #13
22	7:40	5:35pm				70.00
23						7-21-08
24						
25	7:40	5:15				
26	7:40	5:15	7:40	5:15		
27	7:40	5:15	7:40	5:15		
28	7:40	5:15	7:40	5:15		
29						
30						
31	9:30		5:30		SMR	

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Please Post to Account: PAYMENT
OSH POWER

Payable through
M AND I MARSHALL AND SIBLEY BANK
ARTIST, INC.

79 148
750

2166004059

December 01, 2009

PAY One Hundred Forty and NO/100 Dollars

\$*****140.00

TO THE
ORDER OF:

VOID 90 DAYS AFTER ISSUE

PAYELECTRONIC.METAVANTE.COM

Michael D. Hayford

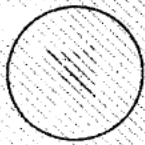
SPOPD1000000002
2166004059
Notes:



Security
Features
Details on
Back

THIS IS A BILL PAYMENT DRAFT WHICH IS DRAWN
BY METAVANTE CORPORATION WITHOUT RECOURSE





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WITH INK THAT RESPONDS
TO WARMTH.
HOLD BETWEEN FINGER AND
FOREFINGER OF RIGHT
HAND - THE LOGO WILL
FADE - AND REAPPEAR.

Document Security Features

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- Chemically Sensitized Paper
- Security Mark - Hold at angle to view

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Please Post to Account: PAYMENT

OSH POWELL

Payable through
M AND I MARSHALL AND LESLEY BANK
ANTHOL, WI

79.142

2165145843

November 23, 2009

PAY One Hundred Forty and NO/100 Dollars

\$*****140.00

TO THE
ORDER OF:

VOID 90 DAYS AFTER ISSUE

PAYELECTRONIC.METAVANTE.COM

Michael D. Hayford

SPOP01000067882

20091115

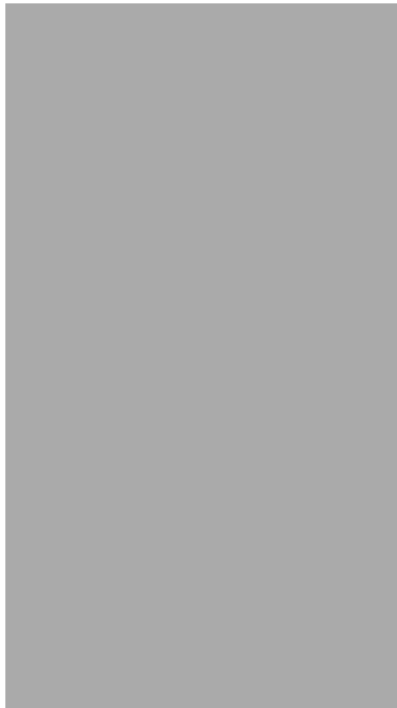
Notes:

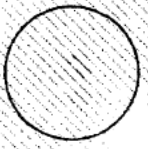


Security
Features
Details on
Back

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Account: PAYMENT

Please Direct Any Questions

8270/3251

To:

Online Bill Payment Processing Center
(800) 243-2508

0000005294

November 20, 2009

JOSH POWELL

ONE HUNDRED FORTY AND 00/100

DOLLARS

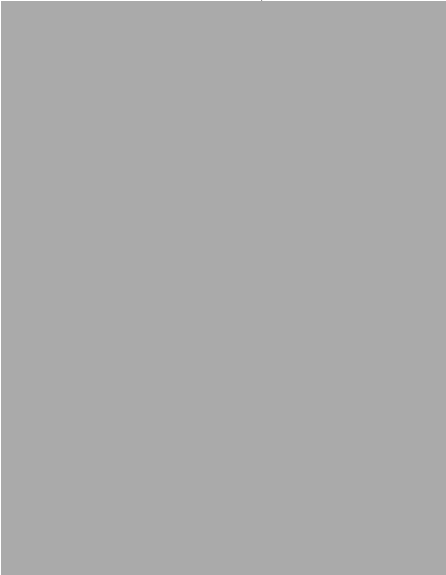
\$ ***140.00**

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♦ FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Account: PAYMENT

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

\$140.00

JOSH POWELL

Please Direct Any Questions
To:

8270/3251

0000005282

October 30, 2009

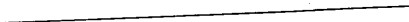
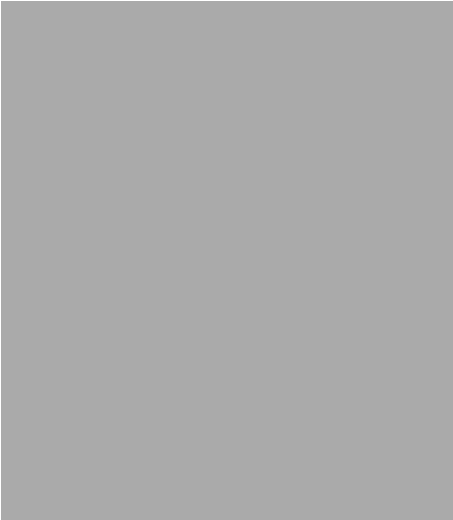
Pay ONE HUNDRED FORTY AND 00/100

DOLLARS

To
The
Order
Of

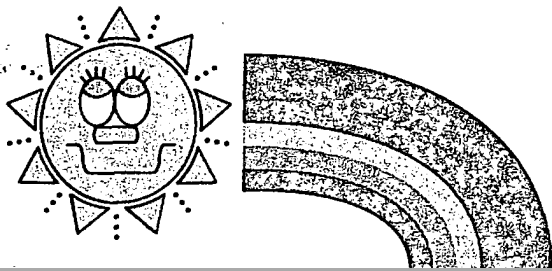
\$ *****140.00

Void After 180 DAYS
Signature On File
This check has been authorized
by your depositor



Security features on this document include a Micro-Print
Border, Artificial Watermark.
Absence of these features may indicate alteration.
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FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



2009 Child Care Payment Summery for

Date	Payment type	Amount
1-7-09	ck# 5140	\$ 70.00
1-12-09	Bank check	\$ 70.00
1-21-09	ck# 5150	\$ 70.00
1-28-09	bank check	\$ 70.00
3-6-09	bank check	\$ 70.00
3-13-09	bank check	\$ 70.00
3-20-09	bank check	\$ 70.00
3-25-09	bank check	\$ 70.00
4-1-09	bank check	\$ 70.00
4-8-09	bank check	\$ 70.00
4-13-09	bank check	\$ 70.00
4-20-09	bank check	\$ 70.00
5-6-09	bank check	\$ 70.00
5-12-09	bank check	\$ 70.00
5-20-09	bank check	\$ 70.00
5-26-09	bank check	\$ 70.00
6-5-09	bank check	\$ 70.00
6-12-09	bank check	\$ 70.00
6-19-09	bank check	\$ 70.00
6-26-09	bank check	\$ 70.00
7-8-09	bank check	\$ 70.00
7-17-09	bank check	\$ 70.00
7-24-09	bank check	\$ 70.00
7-31-09	bank check	\$ 70.00
8-4-09	bank check	\$ 70.00
8-12-09	bank check	\$ 70.00
8-27-09	bank check	\$ 70.00
9-2-09	bank check	\$ 70.00
9-9-09	bank check	\$ 70.00
9-16-09	bank check	\$ 70.00
9-26-09	bank check	\$ 70.00
10-3-09	bank check	\$ 70.00
10-8-09	bank check	\$ 70.00
10-9-09	bank check	\$ 70.00

10-18-09	bank check	\$ 70.00
10-25-09	bank check	\$ 70.00
11-6-09	bank check	\$ 70.00
11-9-09	bank check	\$ 70.00
11-16-09	bank check	\$ 70.00
11-16-09	bank check	\$ 70.00
11-21-09	bank check	\$ 70.00
11-30-09	bank check	\$ 70.00
12-7-09	bank check	\$ 70.00

Received 44 weeks of service:

Paid for 43 week:

5 weeks vacation: (3 weeks over contract)

Balance Late Fees: \$ 10.00

2 weeks termination fee: \$ 140.00

Total Paid: \$ 3,010.00

Balance Due: \$ 150.00

Month/Yr. Jan 09

Parent Sign In/Out

Name

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:32	6:00				
3	✓	✓				
4	✓	✓				
5	6:33	6:20				OK # 5140
6	6:38	5:55				70.00
7						1-7-09
8						
9	6:37	5:58				
10	✓	✓				
11	✓	✓				
12	6:30	5:57				70.00
13	6:38	5:50				1-12-09
14						
15						
16	6:40	6:00				
17	✓	✓				
18	✓	✓				OK 5150
19	6:32	5:58				70.00
20	6:37	6:00				1-21-09
21						
22	6:38	6:00				
23	6:42					
24						
25						
26	6:33	5:58				
27	6:40	6:00				
28	11:00	4:30				1-28-09
29						70.00
30	6:40	5:59				
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

February

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:32	10:00	6:32	10:00		
2	6:32	10:00				
3	6:40	5:55				
4	7:45	6:00				
5						
6						
7	6:32	10:00	6:32	10:00		
8	6:32	10:00	6:32	10:00		
9						
10						
11						
12						
13						
14	6:32	10:00	6:32	10:00		
15	6:32	10:00	6:32	10:00		
16						
17						
18						
19						
20						
21	6:32	10:00	6:32	10:00		
22	6:32	10:00	6:32	10:00		
23						
24						
25						
26						
27	6:35	5:55				
28	6:32	10:00	6:32	10:00		
29	6:32	10:00	6:32	10:00		
30	6:32	10:00	6:32	10:00		
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. Mar 09

Parent Sign In/Out

Name [REDACTED]

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:40	6:06				
2	6:40	6:06				
3	6:38	6:00				
4						
5						
6	6:38	5:55				700
7	6:40	6:06				
8	6:40	6:06				
9	6:38	5:20				
10	6:40	5:51				
11						
12						
13	6:45	6:00				7000
14	6:40	6:06				
15	6:40	6:06				
16	6:38	6:05				
17	6:40	5:55				
18						
19						
20	6:38	4:45				7000
21	6:40	6:06				
22	6:40	6:06				
23	6:40	5:40				
24	6:38	6:00				
25						
26	7:40	3:00				
27	6:37	5:48				7000
28	6:40	6:06				
29	6:40	6:06				
30	Sick					
31	Sick					

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]April 1

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:40	3:54				
3	1:40	6:00				4-1-09
4	6:40	3:54	1:40	6:00		\$ 70.00
5	6:40	3:54	1:40	6:00		
6	6:40	3:30				
7	6:40	6:05				
8						
9						4-8-09
10	7:25	5:45				70.00
11	6:40	3:54	1:40	6:00		
12	6:40	3:54	1:40	6:00		
13	6:40	6:				
14	6:37	5:55				
15	7:15	6:00				
16						
17	6:34	2:50				OK 4-130
18	6:40	3:54	1:40	6:00		70.00
19	6:40	3:54	1:40	6:00		
20	6:38	6:03				
21	6:35	6:05				
22						
23						
24	6:39	5:52				OK 4-20-09
25	6:40	3:54	1:40	6:00		70.00
26	6:40	3:54	1:40	6:00		
27	6:41	6:05				
28	6:41	6:00				
29	11:30	4:30				
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

May

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	scribble	scribble	scribble	scribble		
3	scribble	scribble	scribble	scribble		
4	6:30	5:50				
5	6:40	6:00				ck
6						70.00
7						
8						
9	scribble	scribble	scribble	scribble		
10	scribble	scribble	scribble	scribble		
11	6:42	6:00				
12	6:42	5:55				ck
13						70.00
14						
15	6:43	6:02				
16	scribble	scribble	scribble	scribble		
17	scribble	scribble	scribble	scribble		
18	6:42	6:00				ck
19	6:42	6:00				70.00
20						
21						
22	6:42	6:00				
23	scribble	scribble	scribble	scribble		
24	scribble	scribble	scribble	scribble		
25						
26	6:40	6:00				ck
27						70.00
28						
29	6:40	6:03				
30	scribble	scribble	scribble	scribble		
31	scribble	scribble	scribble	scribble		

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]June

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:42	5:58				
2	6:41	6:02				
3						
4						
5	6:40	6:00				70.00
6	6:40	6:00	6:40	6:00		
7	6:40	6:00	6:40	6:00		
8	6:40	6:05				
9	6:42	6:03				
10						
11						
12	6:35	6:00				70.00
13	6:35	6:00	6:35	6:00		
14	6:35	6:00	6:35	6:00		
15	6:38	6:20				
16	6:30	6:04				
17						
18						
19						70.00
20	6:30	6:04	6:30	6:04		
21	6:30	6:04	6:30	6:04		
22						
23						
24						
25	12:00	4:55				
26	6:42	6:00				70.00
27	6:42	6:00	6:42	6:00		
28	6:42	6:00	6:42	6:00		
29	6:38	6:05				
30	6:40	5:55				
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. _____

Parent Sign In/Out

Name _____

July 2009

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3						
4						
5						
6	6:42	6:00				
7	6:38	6:00				7-8-09
8						ok 70 00
9						
10	6:36	6:00				
11						
12						
13	6:42	6:03				
14	6:40	6:04				
15						
16						
17	6:44	5:55				
18						
19						
20	6:40	5:55				
21	6:45	6:00				
22						
23						
24						
25						
26						
27	6:40	5:57				
28	6:43	6:00				
29						
30						
31	6:45	6:00				

✦ If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]August

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3	6:40	6:00				
4	6:42	6:00				
5						
6						8-4-09
7	6:45	6:00				70.00
8						
9						
10	6:44	6:24				
11	6:43	6:10				
12	7:30	4:30				
13						70.00
14	6:44	6:00				8-12-09
15						
16						
17	6:43	6:00				
18						
19						
20						
21	6:45	6:00				
22						
23						
24	6:48	6:00				
25	6:45	6:00				
26						
27						
28	6:45	4:25				
29						
30						
31	6:46					

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave.

V.43.000038

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

September

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:35	6:00				
2						
3						
4	6:42	10:00				
5	6:42	10:00	6:42	10:00		
6	6:42	10:00	6:42	10:00		
7	6:43	6:06				
8						
9						
10						
11	6:40	10:00				
12	6:40	10:00	6:40	10:00		
13	6:40	10:00	6:40	10:00		
14	6:42	6:00				
15	6:42	6:02				
16						
17						
18	6:45	6:00				
19	6:45	6:00	6:45	6:00		
20	6:45	6:00	6:45	6:00		
21	6:44	5:55				
22	6:50	10:00				
23						
24						9-26-09
25						9-26-09
26	6:44	5:55	6:44	5:55		
27	6:44	5:55	6:44	5:55		
28	6:46	10:00				
29	6:43	6:05				
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. Oct 09

Parent Sign In/Out

Name [REDACTED]October

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						10-3-09
2	6:49	6:00				70.00
3	6:44	6:00	6:44	6:00		
4	6:44	6:00	6:44	6:00		
5	6:44	6:10				
6	6:42	6:02				
7						
8						
9	6:51	5:57				OK 10-8-09
10	6:51	5:57	6:51	5:57		70.00
11	6:51	5:57	6:51	5:57		
12	6:45	5:48				
13	6:36	6:00				
14						
15						
16	6:43	5:43				OK 10-9-09
17	6:43	5:43	6:43	5:43		70.00
18	6:43	5:43	6:43	5:43		
19	6:43	6:00				
20	6:41	5:55				
21						
22						
23	6:40	6:00				OK 10-18
24	6:40	6:00	6:40	6:00		70
25	6:40	6:00	6:40	6:00		
26	6:43	6:00				
27	6:45	5:59				
28						
29						
30	6:45	6:05				10-25
31	6:45	6:05	6:45	6:05		70.00

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

November

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:40	6:00				
3	6:41	6:00				
4						
5						
6	6:42	6:00				11-7-09 70.00
7						
8						
9	6:40	6:00				
10	6:45	6:00				
11						
12						
13	6:43	6:00				11-9-09 70.00
14						
15						
16	6:40	6:03				
17	6:43	6:01				
18						
19						
20						11-10-09 70.00
21						
22						
23						
24						
25						
26	Thanksgiving Paid Holiday					
27						
28						
29						
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave

Monthly Individual Child Sign-In & Sign-Out Form

Child's Name: _____

Month & Year: 11 / 09

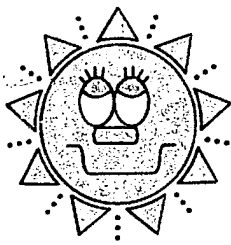
Date	Time In	Parent Signature	Time Out	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	6:45	Jerry Powell	5:20	Jerry Powell
21				
22				
23	6:42	John Powell	1:30	John Powell
24	7:30		6:20	Deborah Powell
25				
26				
27				
28				
29				
30	6:45	John Powell	5:30	John Powell
31				

Monthly Individual Child Sign-In & Sign-Out Form

Child's Name:

Month & Year: ____/____

Date	Time In	Parent Signature	Time Out	Parent Signature
1	6:47	Jane L. Brown	5:29	Jane L. Brown
2				
3				
4	6:43	Jane L. Brown	5:20	Jane L. Brown
5	XXXXXXXXXXXXXXXXXXXX			OK \$1-70.00
6	XXXXXXXXXXXXXXXXXXXX			11-30-09
7				
8				
9				
10				
11				
12	XXXXXXXXXXXXXXXXXXXX			OK 70.00
13	XXXXXXXXXXXXXXXXXXXX			12-7-09
14				
15				
16				
17				
18				
19	XXXXXXXXXXXXXXXXXXXX			
20	XXXXXXXXXXXXXXXXXXXX			
21				
22				
23				
24				
25	Paid Holiday			
26	XXXXXXXXXXXXXXXXXXXX			
27	XXXXXXXXXXXXXXXXXXXX			
28				
29				
30				
31				



2009 Child Care Payment Summery for [REDACTED]

Date	Payment type	Amount
1-7-09	ck# 5140	\$ 70.00
1-12-09	Bank check	\$ 70.00
1-21-09	ck# 5150	\$ 70.00
1-28-09	bank check	\$ 70.00
3-6-09	bank check	\$ 70.00
3-13-09	bank check	\$ 70.00
3-20-09	bank check	\$ 70.00
3-25-09	bank check	\$ 70.00
4-1-09	bank check	\$ 70.00
4-8-09	bank check	\$ 70.00
4-13-09	bank check	\$ 70.00
4-20-09	bank check	\$ 70.00
5-6-09	bank check	\$ 70.00
5-12-09	bank check	\$ 70.00
5-20-09	bank check	\$ 70.00
5-26-09	bank check	\$ 70.00
6-5-09	bank check	\$ 70.00
6-12-09	bank check	\$ 70.00
6-19-09	bank check	\$ 70.00
6-26-09	bank check	\$ 70.00
7-8-09	bank check	\$ 70.00
7-17-09	bank check	\$ 70.00
7-24-09	bank check	\$ 70.00
7-31-09	bank check	\$ 70.00
8-4-09	bank check	\$ 70.00
8-12-09	bank check	\$ 70.00
8-27-09	bank check	\$ 70.00
9-2-09	bank check	\$ 70.00

9-9-09	bank check	\$ 70.00
9-16-09	bank check	\$ 70.00
9-26-09	bank check	\$ 70.00
10-3-09	bank check	\$ 70.00
10-8-09	bank check	\$ 70.00
10-9-09	bank check	\$ 70.00
10-18-09	bank check	\$ 70.00
10-25-09	bank check	\$ 70.00
11-6-09	bank check	\$ 70.00
11-9-09	bank check	\$ 70.00
11-16-09	bank check	\$ 70.00
11-16-09	bank check	\$ 70.00
11-21-09	bank check	\$ 70.00
11-30-09	bank check	\$ 70.00
12-7-09	bank check	\$ 70.00

Received 44 weeks of service:

Paid for 43 week:

5 weeks vacation: (3 weeks over contract)

Balance Late Fees: \$ 10.00

2 weeks termination fee: \$ 140.00

Total Paid: \$ 3,010.00

Balance Due: \$ 150.00

Debra A.L. Caldwell

Month/Yr. Jan 09

Parent Sign In/Out

Name

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:32	6:00				
3						
4						
5	6:33	6:20				ck 5140
6	6:38	5:55				70.00
7						1-7-09
8						
9	6:37	5:55				
10						
11						
12	6:30	5:57				
13	6:38	5:50				1-12-09
14	6:40	6:00				70.00
15						
16	6:40	6:00				
17						
18						
19	6:32	5:55				
20	6:37	6:00				
21						ck 5150
22	6:38	6:00				1-21-09
23	6:42					70.00
24						
25						
26	6:33	5:58				
27	6:40	6:00				
28	11:00	4:30				
29						1-28-09
30	6:40	5:59				70.00
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

February

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	/	/	/	/		
2	6:32	6:00				
3	6:40	5:55				
4	7:45	6:00				
5						
6						
7	/	/	/	/		
8	/	/	/	/		
9						
10						
11						
12						
13						
14	/	/	/	/		
15	/	/	/	/		
16						
17						
18						
19						
20						
21	/	/	/	/		
22	/	/	/	/		
23						
24						
25						
26						
27	6:35	5:55				
28	/	/	/	/		
29	/	/	/	/		
30	/	/	/	/		
31	/	/	/	/		

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. Mar 09

Parent Sign In/Out

Name [REDACTED]

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:40	6:06	6:40	6:06		
2	6:40	6:06				
3	6:38	6:00				
4						
5						
6	6:38	6:55				7000
7	6:38	6:55	6:38	6:55		
8	6:38	6:55	6:38	6:55		
9	6:38	5:20				
10	6:40	5:51				
11						
12						
13	6:45	6:00				70.00
14	6:45	6:00	6:45	6:00		
15	6:45	6:00	6:45	6:00		
16	6:38	6:05				
17	6:40	5:55				
18						
19						
20	6:38	4:45				7000
21	6:38	4:45	6:38	4:45		
22	6:38	4:45	6:38	4:45		
23	6:40	5:40				
24	6:38	6:00				
25						
26	7:40	3:00				3-25-09
27	6:37	5:48				70.00
28	6:37	5:48	6:37	5:48		
29	6:37	5:48	6:37	5:48		
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]April

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:40	5:55				4-1-09
3	6:40	6:00				70.00
4						
5						
6	6:40	7:30				
7	6:40	6:05				
8						
9						
10	7:25	5:45				4-8-09 70.00
11						
12						
13	6:40	6:				
14	6:37	5:55				
15						
16						
17	6:34	7:50				4-13-09 70.00
18						
19						
20	6:38	6:05				
21	6:35	6:05				
22						
23						
24	6:39	5:52				ck 4-20-09
25						70.00
26						
27	6:41	6:05				
28	6:41	6:00				
29	11:30	4:30				
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [Redacted]
 Address [Redacted]

May

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:30	5:50	6:30	5:50		
3	6:30	5:50	6:30	5:50		
4	6:30	5:50				
5	6:40	6:00				<u>OK</u>
6						70.00
7						
8						
9	6:30	5:50	6:30	5:50		
10	6:30	5:50	6:30	5:50		
11	6:42	6:00				
12	6:42	5:55				<u>OK</u>
13						70.00
14						
15	6:43	6:02				
16	6:30	5:50	6:30	5:50		
17	6:30	5:50	6:30	5:50		
18	6:42	6:00				
19	6:42	6:00				<u>OK</u>
20						70.00
21						
22	6:42	6:00				
23	6:30	5:50	6:30	5:50		
24	6:30	5:50	6:30	5:50		
25						
26	6:40	6:00				<u>OK</u>
27						70.00
28						
29	6:38	6:03				
30	6:30	5:50	6:30	5:50		
31	6:30	5:50	6:30	5:50		

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. June 2009

Parent Sign In/Out

Name [REDACTED]

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:42	5:58				
2	6:41	6:02				
3						
4						
5	6:40	6:00				7:00
6	6:40	6:00	6:40	6:00		
7	6:40	6:00	6:40	6:00		
8	6:40	6:05				
9	6:42	6:03				
10						
11						
12	6:35	6:00				70.00
13	6:35	6:00	6:35	6:00		
14	6:35	6:00	6:35	6:00		
15	6:38	12:30			Sent him home w 102.3 temp	
16	12:30	6:04			HINI	
17						
18						
19						7000
20	6:38	12:30	6:38	12:30		
21	6:38	12:30	6:38	12:30		
22						
23						
24						
25	12:00	4:55				
26	6:42	1:00				7000
27	6:42	1:00	6:42	1:00		
28	6:42	1:00	6:42	1:00		
29	6:38	6:05				
30	6:40	5:55				
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. _____

Parent Sign In/Out

Name _____

AM

PM

July 2009

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3						
4						
5						
6	6:42	1:00				7-8-09
7	6:38	1:00				70.00
8						
9						
10	6:36	1:00				
11						
12						
13	6:42	6:03				
14	6:40	6:04				
15						
16						
17	6:44	5:55				
18						
19						
20	6:40	5:55				
21	6:45	1:00				
22						
23						
24						
25						
26						
27	6:40	5:57				
28	6:43	6:00				
29						
30						
31	6:45	1:00				

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

August

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1	6:40	6:00	6:40	6:00		
2	6:40	6:00	6:40	6:00		
3	6:40	6:00				
4	6:42	6:00				
5						
6						8-4-09
7	6:45	6:00				70.00
8	6:45	6:00	6:45	6:00		
9	6:45	6:00	6:45	6:00		
10	6:44	6:24				
11	6:43	6:10				
12	7:30	4:30				
13						8-12-09
14	6:44	6:00				70.00
15	6:44	6:00	6:44	6:00		
16	6:44	6:00	6:44	6:00		
17	6:43	6:05				
18						
19						
20						
21	6:45	6:06				
22	6:45	6:06	6:45	6:06		
23	6:45	6:06	6:45	6:06		
24	6:48	6:00				
25	6:45	6:11				
26						
27						70.00
28	6:45	4:25				
29	6:45	4:25	6:45	4:25		
30	6:45	4:25	6:45	4:25		
31	6:46					

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

AM

PM

September

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2						
3						
4	6:47	6:00				9-2-09 70.00
5	///	///	///	///		
6	///	///	///	///		
7	6:43	6:00				
8						
9						
10						
11	6:40	6:00				9-9-09 70.00
12	///	///	///	///		
13	///	///	///	///		
14	6:42	6:00				
15	6:42	6:00				
16						
17						
18	6:45	6:00				9-16-09 70.00
19	///	///	///	///		
20	///	///	///	///		
21	6:44	5:55				
22	6:50	6:00				
23						
24						
25						CL 9-26-09 70.00
26	///	///	///	///		
27	///	///	///	///		
28	6:46	6:00				
29	6:43	6:05				
30						
31						

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

V-43 009054

Month/Yr. Oct 09

Parent Sign In/Out

Name [REDACTED]October

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:45	6:00				OK 10-03-09 70.00
3	6:45	6:00	6:45	6:00		
4	6:45	6:00	6:45	6:00		
5	6:44	6:00				
6	6:42	6:02				
7						
8						
9	6:41	5:57				OK 10-8-09 70.00
10	6:45	6:00	6:45	6:00		
11	6:45	6:00	6:45	6:00		
12	6:45	5:48				
13	6:36	6:00				
14						
15						
16	6:43	5:43				OK 10-9-09 70.00
17	6:45	6:00	6:45	6:00		
18	6:45	6:00	6:45	6:00		
19	6:43	6:00				
20	6:41	5:55				
21						
22						
23	6:40	6:00				10-18 70.00
24	6:45	6:00	6:45	6:00		
25	6:45	6:00	6:45	6:00		
26	6:43	6:00				
27	6:45	5:59				
28						
29						
30	6:45	6:05				10-25 70.00
31	6:45	6:00	6:45	6:00		

* If you have children eating Breakfast then leaving for school... PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Month/Yr. 2009

Parent Sign In/Out

Name [REDACTED]

November

AM

PM

DAY	IN	OUT	IN	OUT	PARENT SIGNATURE	Comments
1						
2	6:40	6:00				
3	6:41	6:00				
4						
5						
6	6:42	6:00				
7						70-00
8						
9	6:40	6:00				
10	6:45	6:00				
11						
12						11-9-09
13	6:43	6:00				70-00
14						
15						
16	6:40	6:03				
17	6:43	6:01				
18						
19						
20						11-16-09
21						70-00
22						
23						
24						
25						
26	Thanksgiving		Paid Holiday			
27						
28						
29						
30						
31						

If you have children eating Breakfast then leaving for school...PLEASE sign in the time they arrive and the time they leave for school in the first column. If they return after school, enter in the second column the time they arrive and enter the time they leave in the third column.

Monthly Individual Child Sign-In & Sign-Out Form

Child's Name: _____

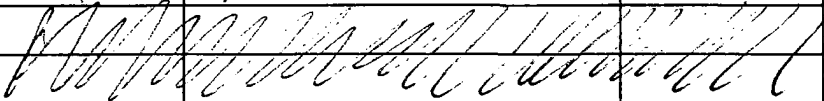
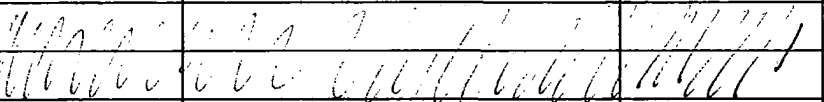
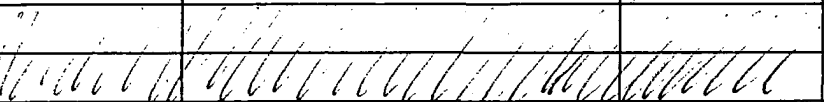
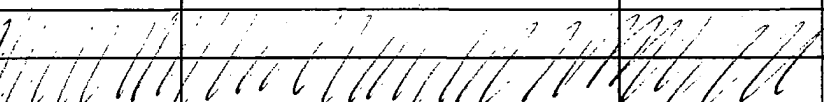
Month & Year: ____/____

Date	Time In	Parent Signature	Time Out	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	6:45	Zach Powell	5:20	Zach Powell
21				
22				
23	6:42	Zach Powell	5:00	Zach Powell
24	6:45	Zach Powell	4:30	D Caldwell
25				
26				
27				
28				
29				
30	6:45	Zach Powell	5:30	Zach Powell
31				

Monthly Individual Child Sign-In & Sign-Out Form

Child's Name:

Month & Year: 12/09

Date	Time In	Parent Signature	Time Out	Parent Signature
1	6:47	Josh Powell	5:25	Josh Powell
2				
3				
4	6:43	Josh Powell	5:20	Josh Powell
5				OK 11-30
6				70.00
7				
8				
9				
10				
11				
12				OK 12-709
13				\$ 70.00
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				