



Champaign Unit 4 Schools Kids Plus Program

703 S. New Street
Champaign, Illinois 61820-5818

Telephone: (217) 351-3719
Fax: (217) 373-7315

Payment Slip

For payments that are mailed or placed in our deposit box, please fill out the information below and attach it with your payment.

Parent/Guardian (s) Name: _____ School: _____

Student (s) Name: _____ Total: \$ _____

Cash _____ Check # _____

Check what payment is to be credited towards:

____ Monthly Fee ____ Days Out ____ Intersession ____ Overdue Balance
____ Co-Payment ____ Fieldtrip ____ Spring Break

Circle Month of Fee/Days Out/Intersession/Trip:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Other: _____

Make checks payable to "Champaign Community Schools" Check if you would like a receipt.



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