Champaign Unit 4 Schools Kids Plus Program

703 S. New Street
Champaign, Illinois 61820-5818

Telephone: (217) 351-3719
FAX: (217) 352-7960

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.

Parents/Guardians Name: _____ **School:** _____

Students (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**

Month of Fee/Day of Program or Trip: _____ **Other:** _____

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

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