

# Davis Kids Klub/A.C.C.E.S.S. Receipt Request

Tax ID# 03-0451515

Student(s): \_\_\_\_\_

Parents(s): \_\_\_\_\_

School Site: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**A copy of your receipt will be dropped off to your  
Site Director within two weeks of your request**

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: (530)758-9262

OR

Mail To:

417 Mace Blvd. Ste J PMB 174

Davis CA 95618



**DAVIS KIDS KLUB**

Afterschool Community Collaboration Enrichment Student Services