



## PAYMENT FORM

Complete one form per child  
Please print all information clearly

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Apply payment to:

<input type="checkbox"/> Week 1 6/14-6/18 <i>due 6/11</i>	<input type="checkbox"/> Week 2 6/21-6/25 <i>due 6/18</i>	<input type="checkbox"/> Week 3 6/28-7/2 <i>due 6/25</i>	<input type="checkbox"/> Week 4 7/5-7/9 <i>due 7/2</i>	<input type="checkbox"/> Week 5 7/12-7/16 <i>due 7/9</i>	<input type="checkbox"/> Week 6 7/19-7/23 <i>due 7/16</i>
<input type="checkbox"/> Week 7 7/26-7/30 <i>due 7/23</i>	<input type="checkbox"/> Week 8 8/2-8/6 <i>due 7/30</i>	<input type="checkbox"/> Week 9 8/9-8/13 <i>due 8/6</i>	<input type="checkbox"/> Week 10 8/16-8/20 <i>due 8/13</i>	<input type="checkbox"/> Week 11 8/23-8/27 <i>due 8/20</i>	<input type="checkbox"/> Week 12 8/30-9/3 <i>due 8/27</i>

Please complete form for the week checked above. If you have outstanding previous balances, include those here and indicate what it is.		<b>Amount Due</b>										
<b>• Weekly Fees:</b>	5 days/wk - \$170 4 days/wk - \$144 3 days/wk - \$114											
<b>• Lunches:</b> Lunches must be ordered and paid for by Friday for the following week. You can use this area to order your lunches.	I am ordering lunches for my child on these dates: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">\$3.75</td><td style="text-align: center;">\$7.50</td><td style="text-align: center;">\$11.25</td><td style="text-align: center;">\$15.00</td><td style="text-align: center;">\$18.75</td> </tr> </table> <input type="checkbox"/> We have signed up for the summer lunch program. 3days \$9.75*4 days \$13*5 days \$16.25 +	1	2	3	4	5	\$3.75	\$7.50	\$11.25	\$15.00	\$18.75	
1	2	3	4	5								
\$3.75	\$7.50	\$11.25	\$15.00	\$18.75								
<b>• Extra Day of Care</b> Extra days must be approved by a Site Coordinator in advance.	<b>Dates added:</b> _____ # of days added _____ x \$40/day											
<b>• Late Pick-up</b>	There is a \$1/minute charge for late pick-up. A staff member will issue you a form indicating how much you owe.	+										
<b>• Late Payment Fee</b>	Payments are due by 6:00 p.m. on the due date. Add <b>\$10</b> for late payment											
<b>SUBTOTAL</b>												
<b>Vacation Days</b> Vacation days must be requested 5 business days in advance. Deduct vacation days accrued for the week you are paying.	# of vacation days _____ x ____/day Dates: _____ 5 Days/Wk - \$34/day 4 Days/Wk - \$36/day 3 Days/Wk - \$38/day											
<b>TOTAL DUE</b>												

**Payment Information:**

Auto Pay     Credit Card     Cash     Check # \_\_\_\_\_

Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card # _____ Expiration Date: _____
Name on card: _____
Signature: _____



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