



PAYMENT AGREEMENT

Child's Name: _____ Enrollment Date: _____
 Child's Date of Birth: _____ Child's Age: _____
 Child's Classroom Assignment: _____
 Days Your Child Will Be In Attendance: Circle All That Apply: M T W TH F
 Hours of Attendance: _____ AM to _____ PM

Weekly Tuition Amount (Select One Below):

Infants (6 weeks through 12 months):

____ 5 days = \$190 ____ 4 days = \$180 ____ 3 days = \$170 ____ 2 days or less = \$160

Ages 1 through 3:

____ 5 days = \$180 ____ 4 days = \$170 ____ 3 days = \$160 ____ 2 days or less = \$150

Ages Four and Five:

____ 5 days = \$170 ____ 4 days = \$160 ____ 3 days = \$150 ____ 2 days or less = \$140

Before and After School Care Program (Buckson Drive location only):

____ Before or After Care = \$55 per week ____ Before and After Care = \$95 per week.

School Age Summer Program/ Full Week School Age Program (Buckson Drive location only):

____ 5 days = \$160 ____ 4 days = \$150 ____ 3 days = \$140 ____ 2 days or less = \$130

- Applicable Discounts, if any: (sibling, incentive, employee's child, referral bonus credit, military, etc): _____
- Total Weekly Tuition Rate: _____
- Deposit Amount Due (Equal to One Week's Tuition Payment): _____
- Payment Type (Select One Below):
 - ____ Private (Parent Pays)
 - ____ Purchase of Care (State Pays)
 - ____ Purchase of Care Plus (State Pays a Portion, Parent Pays the Remainder)
- Deposit Paid On (Date): _____ with payment method of: _____
- Registration Fee of \$25 Paid on (Date): _____ with payment method of: _____
- Weekly Tuition Payments of (Amount) _____ to begin on (Date): _____

Please note: We reserve the right to recover any and all costs incurred in the collection of delinquent accounts.

Parent/Guardian Signature: _____ Date: _____