



**Attendance
&
Payment Options**

Child's Name: _____

Effective Date: _____

Please choose the payment option that best suits your family.

Please fill out a new form if you wish to make changes.

Pay in advance by the 15th of every month.

Days Attending	Cost Per Month		40% with Free Lunch
<input type="checkbox"/> Mondays	\$51	<input type="checkbox"/>	\$20.40
<input type="checkbox"/> Tuesdays	\$68	<input type="checkbox"/>	\$27.20
<input type="checkbox"/> Wednesdays	\$68	<input type="checkbox"/>	\$27.20
<input type="checkbox"/> Thursdays	\$68	<input type="checkbox"/>	\$27.20
<input type="checkbox"/> Fridays	\$51	<input type="checkbox"/>	\$20.40

Pay later at the Additional Day rate of \$25 per day. \$10 for those with free lunch.
I don't have a set schedule for my child's attendance.

We are open on Curriculum Days and some Vacations Days from 8:30am to 5:30pm.

The rate for these days is **\$50** per day. **\$20** for those with free lunch.

Parent/Guardian (Print)

Parent/Guardian Signature