

Child(ren)'s Name \_\_\_\_\_ Week of \_\_\_\_\_

Parent's Name \_\_\_\_\_

## Early Childhood Center

**SCHEDULE AND PAYMENT DUE ON WEDNESDAYS BY 12PM**

**LATE FEE \$15**

<b>Days</b>	<b>Sign In Time</b>	<b>Sign Out Time</b>	<b>Total Hours per Day</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
	<b>Total Hours for Week:</b>		

**Infant & Toddler Rates/(10%discount)\***

50 hours or more      \$220/\$198  
28 to 50 hours      \$200/\$180  
27 hours or less      \$165/\$148.50

**Preschool-Age Room/(10%discount)\***

50 hours or more      \$205/\$184.50  
28 to 50 hours      \$185/\$163.50  
27 hours or less      \$150/\$135

**Total Payment** \_\_\_\_\_

\*10% sibling discount on oldest child\*

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

I will submit my payment via BrightWheel \_\_\_\_\_  
(Parent/Guardian Initials)