Child's Name		Week of			
Parent's Name					
<u>I</u>	Early Child	<u>hood</u>	<b>Center</b>		
SCHEDULE AN	ND PAYMENT DU LATE F	EE \$15	VEDNESDAYS B	Y 12PM	
Days	_	n In me	Sign Out Time	Total Hours per Day	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
	To	tal Hou	ırs for Week:		
Infant & Toddler Rates	Rates/(10%discount)*		Preschool-Age Room/(10%discount)*		
46 hours or more	\$201/\$180.90		46 hours or more	\$187/\$168.30	
28 to 45 hours	\$191/\$171.90		28 to 45 hours	\$177/\$159.30	
27 hours or less	\$157/\$141.30		27 hours or less	\$141/\$126.90	
	<b>Total Payment</b>				
	*10% sibling disco	unt on old	lest child*		
rent's/Guardian's Signature			Date		
sh	BrightWheel	/heel Parent Initials		ent Initials	