

PAYMENT FORM

CC on File - 5% discount

Sibling Discount - 10% off lowest rate paid before 5th of each month

PARENT'S NAME: _____

CC CARD #: _____

EMAIL: _____

EXPIRATION: _____ CVC _____

CELL # _____

ZIP: _____

I elect to prepay on 28th each month by cc and get 5% early bird discount

SIGNATURE: _____

I elect to pay in person and understand payment is due **before the 5th** of the month

SIGNATURE: _____

I elect to pay before the 5th of each month to get the sibling discount

SIGNATURE: _____

		OFFICE USE ONLY:		4 WEEKS	3 WEEKS	6 WEEKS
STUDENT:	_____	GROUP:	_____	FEE: _____	_____	_____
STUDENT:	_____	GROUP:	_____	FEE: _____	_____	_____
STUDENT:	_____	GROUP:	_____	FEE: _____	_____	_____
STUDENT:	_____	GROUP:	_____	FEE: _____	_____	_____
				TOTAL:		

MONTH	AMOUNT	MONTH	AMOUNT
August		January	
September		February	
October		March	
November		April	
December		May	
		June	