

# 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 & understand payment is due **before the 5th** of the month

SIGNATURE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

## OFFICE USE ONLY:

4 WEEKS

3 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	