PAYMENT FORM

CC on File - 5% discount

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

PARENT'S NAME: _____

EMAIL: _____

CELL # _____

CC CARD #: _____

EXPIRATION: _____ CVC _____

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: _____ _____

TOTAL:

OFFICE USE ONLY

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

Office Only: **Completed** **Staff Initial**

Email address added to Outlook day/group		
Email address to MailChimp		
Family data & payment on billing spreadsheet		
Added to attendance spreadsheet		