

Child(ren)'s Name _____ Week of _____

Parent's Name _____

Early Childhood Center

SCHEDULE AND PAYMENT DUE ON WEDNESDAYS BY 12PM
LATE FEE \$15

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

Infant & Toddler Rates/(10%discount)*

46 hours or more \$201/\$180.90
28 to 45 hours \$191/\$171.90
27 hours or less \$157/\$141.30

Preschool-Age Room/(10%discount)*

46 hours or more \$187/\$168.30
28 to 45 hours \$177/\$159.30
27 hours or less \$141/\$126.90

Total Payment _____

10% sibling discount on oldest child

Parent's/Guardian's Signature

Date

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