**Payment Options**

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My bill will be paid by the following:

\_\_\_\_\_\_\_ Child Care Assistance (you are responsible for anything DSS does not cover)

\_\_\_\_\_\_\_ Credit Card

\_\_\_\_\_\_\_ Automatic Withdrawal (will need attached paper filled out)

My bill will be paid:

\_\_\_\_\_\_\_ Weekly

\_\_\_\_\_\_\_ Bi-weekly

\_\_\_\_\_\_\_ Monthly – by the 5th of the month for a 2% discount

\_\_\_\_\_\_\_ Monthly – by the end of each month

**BALANCES NEED TO BE PAID IN FULL BY THE LAST DAY OF THE MONTH TO CONTINUE CARE**

**OUR HOURS ARE MONDAY THROUGH FRIDAY, 6:00 AM – 6:00 PM. ONE FRIDAY EVERY OTHER MONTH, THE CENTER WILL CLOSE AT 12:30 PM FOR STAFF DEVELOPMENT.**

**WE DO CHARGE $5.00 PER MINUTE PER CHILD AFTER 6PM/4PM THAT IS REQUIRED TO BE PAID IN CASH BEFORE YOUR CHILD CAN RETURN TO CARE.**

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_