



FULL TIME RATES  PAYMEN # of Children  1 CHILD  RATE	A. Dail·		B. Weekly Rate - Full Time (5 days)  WEEKLY		DISCOUNT I PAYMENT DUE E BY 6:00I SEE SCHEDU PAYMEN (1) 06/05/19 (2) 07/05/19	JLE - 4 NTS - \$175.00
PAYMEN # of Children PAYMEN	T SCHEDULE -	y Rate - Full Time	B. Weekly Rate - Full Time (5 days) WEEKLY	C. Full Time - 11 WEEK PLAN - PAYMENTS MADE IN FULL BY APPROPRIATE DATE WILL RECEIVE DISCOUNT. MUST SIGN UP FOR ENTIRE 11 WEEKS FOR DISCOUNTED PRICE AND 1 FREE WEEK.  BEST RATE!	SEE SCHEDU PAYMEN (1) 06/05/19 (2) 07/05/19	JLE - 4 NTS - \$175.00
# of Children PAYMEN					(1) 06/05/19 - (2) 07/05/19 -	NTS - \$175.00
					(1) 06/05/19 - (2) 07/05/19 -	- \$175.00
TCHILD KATE		\$20.00	\$85.00	ACA 00	(3) 07/19/19 -	\$175.00
			700.00	\$64.00	(4) 08/02/19 -	
					\$	700.00
					(1) 06/05/19 - (2) 07/05/19 - (3) 07/19/19 -	\$262.50
2 SIBILINGS RATE		\$30.00	\$127.50	\$95.00	(4) 08/02/19 -	\$262.50
					\$	1,050.00
					(1) 06/05/19 - (2) 07/05/19 - (3) 07/19/19 -	\$350.00
3 SIBILINGS RATE		\$40.00	\$170.00	\$127.00	(4) 08/02/19 -	\$350.00
					\$	1,400.00
			T			
					(1) 06/05/19 - (2) 07/05/19 - (3) 07/19/19 -	\$437.50
4 SIBILINGS RATE		\$50.00	\$212.50	\$159.00	(4) 08/02/19 -	
					\$	1,750.00
Notes:						
	Dam to 6:00pm			STUDENT NAME:		
Flogram Hours. 7.30	ani to o.oopin			STODENT NAME.		
First Drop Off:	7:30 AM			STUDENT NAME:		
	7.557.471					
THIST BIOD OIL.				STUDENT NAME:		
	6:00 PM					
Last Pick-up:	6:00 PM					
Last Pick-up:			-	STUDENT NAME:		
Last Pick-up:	4.5 hours or less			STUDENT NAME: RECEIPT NUMBER:		
				STUDENT NAME:		
Last Pick-up:	4.5 hours or less			STUDENT NAME: RECEIPT NUMBER:		
Last Pick-up:  Half Time:  Full Time:	4.5 hours or less Over 4.5 hours			STUDENT NAME: RECEIPT NUMBER:		
Half Time: Full Time: Late Pick-up:	4.5 hours or less Over 4.5 hours \$15 per 15 minutes	d		STUDENT NAME: RECEIPT NUMBER:		
Half Time: Full Time: Late Pick-up:  Meals:  Breakfast	4.5 hours or less Over 4.5 hours \$15 per 15 minutes t, Lunch and PM Snack Provide			STUDENT NAME:  RECEIPT NUMBER:  PAYMENT TYPE (CHECK # IF APP.):		
Half Time: Full Time: Late Pick-up:	4.5 hours or less Over 4.5 hours \$15 per 15 minutes  t, Lunch and PM Snack Provide A MINIMUM BEFORE THE CHIL	LD IS DROPPED OFF A	IT THE START OF THE PROGRA	STUDENT NAME:  RECEIPT NUMBER:  PAYMENT TYPE (CHECK # IF APP.):		