



Preschool PAYMENT SLIP

Child's Full Name: _____ Home #: _____

Circle Due Date: Sep 1st Oct 1st Nov 1st Dec 1st Jan 1st Feb 1st Mar 1st Apr 1st May 1st

*A receipt will be sent in the mail or remitted in person.

\$20.00 Late Fee must be included after the 1st.

Check/MO #: _____ Date Paid: _____ Late Fee: _____ Total Amount: _____

Credit Card #: _____ Exp. Date: _____

Name as is appears on card: _____ Signature: x _____

FOR REGISTRATION USE ONLY: initial / date _____



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