

Non-refundable \$365 re-enrollment fee is attached? ☐ Yes ☐ No

Student Name: _____

Birth Date: _____ Proposed Start Date: _____

PROGRAM OPTIONS (Circle your choice):

Program	Option	Tuition
Children's House	<input type="checkbox"/> 3 Half Days	\$8,781
	<input type="checkbox"/> 3 Half Days + AM Care	\$10,082
	<input type="checkbox"/> 3 Core Days	\$12,256
	<input type="checkbox"/> 3 Full Days	\$14,961
	<input type="checkbox"/> 5 Half Days	\$9,978
	<input type="checkbox"/> 5 Half Days + AM Care	\$11,455
	<input type="checkbox"/> 5 Core Days	\$13,926
	<input type="checkbox"/> 5 Full Days	\$17,000

A. SIBLING DISCOUNT:

- ☐ My student's sibling(s) will be enrolled at Brickton for the 2015 - 20167 school year.
(A 5% discount is applied to the sibling contract.)

B. PAYMENT PLAN (Choose one):

- ☐ **One payment***
with a 1% prepayment discount
(10% deposit due with contract)
 ☐ **Two payments***
with a .5% prepayment discount (10% deposit due with contract)
(10% deposit due with contract)
 ☐ **Equal Pro-rated Payments**
with a .5% prepayment discount (10% deposit due with contract)

C. PAYMENT OPTIONS (Choose one):

- ☐ **By check**
☐ **Debit my checking account** (attach a voided check)
 ☐ **Charge my credit card*** (a 2% convenience fee applies)

*If paying by credit card, please provide the following information:

(Circle one): VISA or MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____

D. NOTIFICATION OF FEES:

- A **10% deposit** will be required with the completed **contract**. A payment schedule will be provided with your parent contract prior to the new family orientation.)
- A late pick up fee will be assessed as follows:
 - Less than 15 minutes late = \$5
 - Less than 60 minutes late = \$15
 - More than 60 minutes late will be considered emergency care for the cost of \$25 until 6:00 pm.
- A \$30 fee will result if your tuition remains unpaid within 5 days of the due date.
- A \$30 fee will be assessed for returned checks, failed bank withdrawals, and credit card chargebacks.

Email address you would like us to use for billing:	
Parent's name printed:	Date:
Parent's signature:	