

Non-refundable \$365 enrollment fee is attached?
 Yes Please invoice me

Student Name:

Birth Date:

PROGRAM OPTIONS (Indicate choice with X):

Infant Program	X	Hours	Academic Year Tuition
3 Core Days		8:30 am – 3:00 pm	\$14,933
3 Full Days		7:30 am – 6:00 pm	\$17,179
5 Core Days		8:30 am – 3:00 pm	\$15,988
5 Full Days		7:30 am – 6:00 pm	\$19,216

A. SIBLING DISCOUNT:

- My student's sibling(s) will be enrolled at Brickton for the 2017-2018 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)
 Equal Pro-rated Payments (10% deposit due with contract)

C. PAYMENT OPTIONS (Choose one):

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

(Circle one): VISA or MASTERCARD

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

D. NOTIFICATION OF FEES:

- 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.

E. Parents Responsible for:

- Bottles
- Food, including formula or milk
- Diapers and wipes

Email address you would like us to use for billing:

Parent's name printed: _____ **Date:** _____

Parent's signature: _____