Back to the Basics Payment Schedule 2015-2016

Parent's Name:						<u>-</u>	Mailing Address:				
Telephone Number:							Town:		Zipcode:		
Email:						-	Children's Names:				
Identify the	e Tier your fa	mily qualifies	for and the p	ayment optio	n which be	st meets					
your family	's budget										
	Program		Tier I	Tier II	Tier III						
Half Day		\$ 20.00	\$ 15.00	\$ 10.00			Registratio	n Fee Paid	YES NO		
Full Day			\$ 30.00	\$ 25.00	\$ 18.00			Scheduled	Payment A	mount:	\$
	Weekly		\$ 110.00	\$ 100.00	\$ 90.00						
	Monthly		\$ 385.00	\$ 350.00	\$ 315.00		Please circ	e the days	of the wee	k your child	will attend
•							Monday	Tuesday	Wednesday	Thursday	Friday
I have revie	wed the info	ormation abov	e and verify i	t is accurate	Lunderstar	nd Lam respo					
amount of			•			ount I am gua	•		•	•	ıram
		must pay the a				_	•				;i aiii
•	. ,	ilace. I also u i	•	•			· .	163, 616., 111	order to co	iitiiide to	
•		nts my child(re	-	-	-	•	-	anly for a			
•				•		•			ام ماریام مما		
scholarship	in order to i	make the sche	eduled payme	ent managead	ne for my fa	mily. I unders	tand this pi	an does not	include scr	1001 vacation	15.
Parent/Guardian Signature							 Date				
-	F PAYMENTS						Date				
ILCOND OI	Payment	l l	Payment		Payment		Payment		Payment		Payment
	Amt		Amt		Amt		Amt		Amt		Amt
1	Aiiic	8	•	15	Airic	22	Airic	29	Aine	36	Airic
2		9		16		23		30		30	
3		10		17		24		31			
4		11		18		25		32			
5		12		19		26		33			
6		13		20		27		34			
7		14		21		28		35			