



Kids' Company Payment Form

WEEKLY F	FORM I	FOR
		UIN.

WEEK OF:______ TO ______

Please Place an (X) in the days attending. If you are using a comp day, please indicate.

N	Monday	Tuesday	Wednesday	Thursday	Friday

	<u>PreK</u>	
Contract Type	<u>1st (</u>	Child
	Without Lunch/Snack	With Lunch/Snack
3 days a week	\$135.00	\$150.00
4 days a week	\$180.00	\$200.00
5 days a week	\$225.00	\$250.00

Kindergarten-4th

Contract Type	<u>1s</u>	t Child
	<u>Without Lunch</u> /Snack	With Lunch/Snack
3 days a week	\$126.00	\$141.00
4 days a week	\$168.00	\$188.00
5 days a week	\$210.00	\$235.00

<u>Verge</u>

Without Lunch/SnacksWith Lunch/Snacks\$37.00\$42.00

The per day is used when you apply a comp day to a contracted week.

Card Number

Total Amount Paid_____

_____ Exp. Date_____

We accept Debit Cards, Visa, Mastercard & Discover

Signature_____

Check Number_____