

# BROWNING DISCOVERY PROGRAM

# Schedule/Payment Form

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Schedule for the week of: \_\_\_\_\_  
*month/day/year*

Please indicate below the hours your child/ren will attend the program each day (example: 3:00 to 5:00)

Child/ren's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
		to	to	to	to	to	
		to	to	to	to	to	
		to	to	to	to	to	
		to	to	to	to	to	

All schedules with payment are due on **FRIDAY** the week before services needed. Schedules received after Friday, will be charged \$6/hour. Feel free to schedule several weeks in advance.

**RATES:**

**\$4/hour** Pre-scheduled/pre-paid the Friday before services needed

**\$6/hour** **Not pre-scheduled or drop-ins** - Any portion of the first hour on is charged a full \$6.

<b>Total weekly hours</b>	
Pre-scheduled pre-paid = \$4/hour	\$
All others - \$6/hour	\$
Previous balance:	\$
Total due:	\$
<b>Payment enclosed:</b>	<b>\$</b>

*\*Time is charged in 30 minute increments on regular scheduling only.*

**\*\*Child care after 6:00 p.m. Monday-Thursday and 3 p.m. on Friday will be billed at \$10.00 per quarter hour, per child.**

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**PAYMENTS CAN BE MADE BY CHECK TO BROWNING DISCOVERY PROGRAM OR CREDIT/DEBIT CARD**

Payment Method:     Credit             Debit

Credit Card:             American Express     MasterCard     Visa

Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_