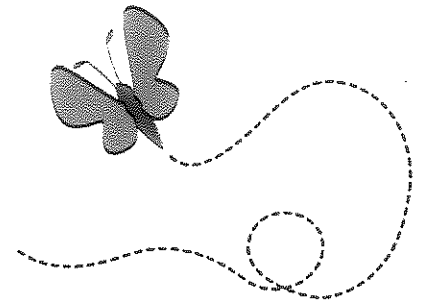


Flowing Wells Extension Programs, Inc.  
1444 W. Prince Road  
Tucson, Arizona 85705  
(520) 887-2600  
FAX: (520) 888-7962

VISIT OUR WEBSITE:  
[WWW.FWEPINC.COM](http://WWW.FWEPINC.COM)

A large, stylized sun with a dotted center and sharp rays.

# SUMMER

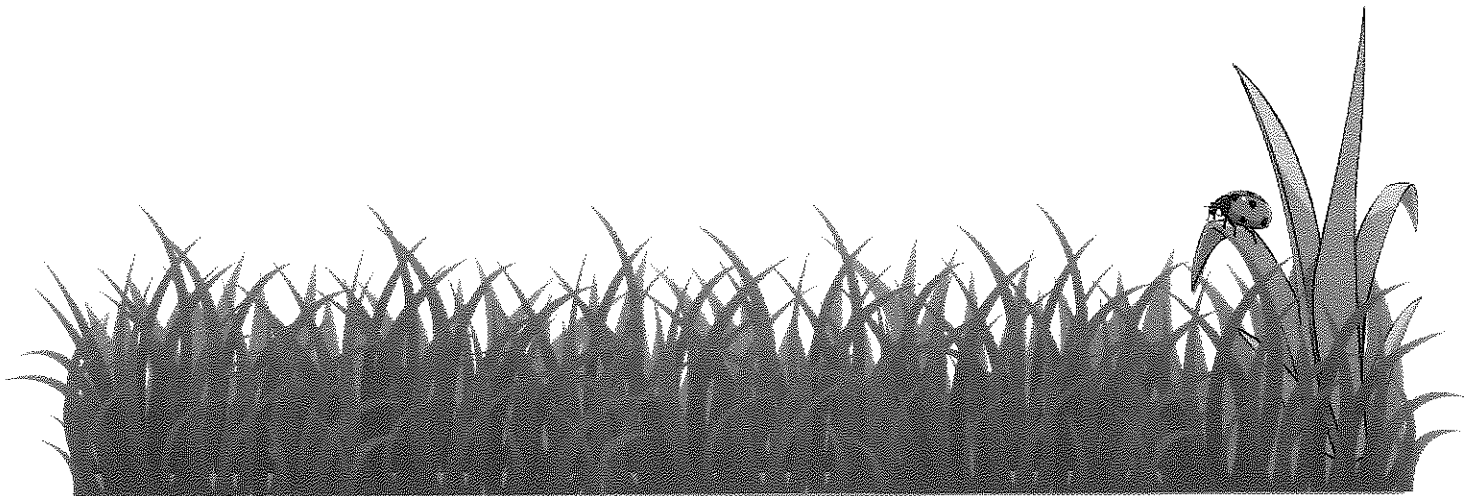
## Y.E.S. 2018

### YOUTH ENRICHMENT SERVICES

*\*All information is subject to change.*

# May 29 - August 8, 2018

School starts August 9, 2018



## SUMMER Y.E.S. ENROLLMENT INFORMATION

### SUMMER Y.E.S. PROGRAM

The Summer Y.E.S. Program operates from Tuesday, May 29 to Wednesday, August 8, 2018, Monday to Friday from 6:30 a.m. to 6:00 p.m. at the **Richardson Y.E.S. site**, which is located at 6901 N. Camino De La Tierra. The phone number to Richardson Y.E.S. is (520) 742-0438. The program provides services to children, kindergarten through 6<sup>th</sup> grade, ages 5-12 years old.

**Summer Y.E.S. Program will be closed Monday, May 28, 2018 and Wednesday July 4, 2018.**

Youth Enrichment Services (Y.E.S.) is a licensed child care service operated by Flowing Wells Extension Programs, Inc., working in cooperation with the Flowing Wells School District. Funding for the operation of Y.E.S. is derived solely from the tuition of the students who attend the program and is not a unit or part of the Flowing Wells School District. The Summer Y.E.S. Program meets all Department of Health Services child care licensure requirements regarding facility usage, staffing, insurance (as mandated by Chapter 5, Article 3, Reg. R9-5302, State of Arizona Child Care Center regulations), and other mandates applicable to a licensed child care program. Department of Health Services is located at 400 W. Congress, Suite 100, and their phone number is (520) 628-6540.

### OPEN ENROLLMENT

The Summer Y.E.S. Program has OPEN enrollment providing services to the Flowing Wells School District, Tucson communities and the surrounding areas. Enrollment packets can be obtained from the Flowing Wells Extension Programs, Inc. administrative office, which is located at 1444 W. Prince Road, Tucson, AZ 85705 or from any of the Y.E.S. Programs at Centennial, Homer Davis, Richardson, or Hendricks elementary schools.

### REGISTRATION DATES

Registration for Summer Y.E.S. will remain open until all spots are filled. You can register your child for the summer program at any of the four Y.E.S. locations from 6:30 a.m. to 7:30 a.m. and from 2:00 p.m. to 6:00 p.m., Monday through Friday. Also for your convenience, you can register at our administrative office at 1444 W. Prince Road, Monday through Friday from 7:30 a.m. to 1:00 p.m. If you have any questions, please call (520) 887-2600.

### DOCUMENTS NEEDED FOR REGISTRATION

It is no longer required for all students enrolling in the Summer Y.E.S. Program to complete a Department of Health Services Blue Card, submit a new copy of your child's immunization records or submit an exemption of immunization. It is, however, required that a parent or guardian checks their Blue Card on file to make sure that the information is correct and updated. Any new students enrolling in the Summer Y.E.S. Program must have verifiable immunization record or exemption of immunization filed and a completed Department of Health Services Blue Card. Information needed for the Blue Card: ***Two names, addresses, and phone numbers of individuals who can pick up your child in case of an emergency. Please make sure individuals live or work only 10 to 15 minutes away from the Richardson Y.E.S. site. The two names must have different phone numbers. The form requires the name and phone number of your child's doctor.***

***\*All information is subject to change***

## SUMMER HOURS OF OPERATION - PHONE NUMBERS

Flowing Wells Extension Programs, Inc.  
Monday-Thursday (*Summer Hours*)

(520) 887-2600  
7:00 a.m. - 1:30 p.m.

Richardson Y.E.S. Program  
Monday-Friday

(520) 742-0438  
6:30 a.m. - 6:00 p.m.

## FEES AND ADMISSION

We are no longer charging a registration fee for Summer Y.E.S. The material fee for Summer Y.E.S. is \$20.00 per student. Enrollment will remain open.

Children are admitted on a space available basis. For children with special needs, Y.E.S. will determine eligibility and assess costs on a case-by-case basis. As Y.E.S. receives all of its funding through student tuition, Y.E.S. has no monies available to subsidize tuition.

## Y.E.S. RATES

The Y.E.S. Program is considered a prepaid program. You must prepay for the estimated amount of time that your child will be attending. Any amount paid to the account will remain as a credit until the account is charged the weekly hours. Services must be paid a week in advance. ***Statements will be delivered by Wednesday of each week and payment is due in full by Friday. The hourly charge for the Y.E.S. Program is \$4.00 per child/ per hour minimum 1 hour charge.***

## PAYMENT TERMS

Because the program receives all its financial support from tuition, Y.E.S. must insist on parental cooperation in payment matters. Payments must be made on time. CASH WILL NOT BE ACCEPTED at the Summer Y.E.S. Program. ***Please make all payments upon receipt of statements by check or money order.*** Cash payments may be made at the main office.

**Credit card payments can be made over the phone by calling (520) 887-2600.** The credit card minimum payment amount must be \$25.00. Make checks or money orders payable to FWEP. There is a \$30.00 fee for returned checks. Payments should be made promptly to avoid late and/or collection fees.

If FWEP receives two returned checks (along with fees), we will no longer accept personal checks for payment. Accounts turned over for collection will not be reinstated into the Y.E.S. Program. Billing inquiries may be answered by calling (520) 887-2600 between 7:30 a.m. and 1:30 p.m., Monday through Thursday during the summer program.

## EARLY DROP OFF/LATE PICK UP

The Y.E.S. Program will open at 6:30 a.m. Any child that is signed in or sent into the building before 6:30 a.m. will be charged an early drop off per minute fee until 6:30 a.m. ***All children must be picked up by 6:00 p.m.*** A late pick up charge will be assessed for children not picked up by 6:00 p.m. In the case that a child is dropped off early or picked up late, your charges will be \$3.00 per minute per child for the first occurrence and \$4.00 per minute for the second occurrence, and removal from the program after the third occurrence. If there is an emergency and the child cannot be picked up by 6:00 p.m., please call the Y.E.S. Program and inform the staff so that your child's mind can be put at ease. Your child will not be left unattended. All late charges are to be paid the following day to continue services.

***\*All information is subject to change***

### PROGRAM WITHDRAWAL

If your child will no longer be attending the Summer Y.E.S. Program, please make sure to contact Kerrie Hankinson at the Flowing Wells Extension Programs, Inc. administration office at (520) 887-2600.

### SIGN IN/SIGN OUT PROCEDURE

It is the policy of Flowing Wells Extension Programs that all parents and guardians are required to use their legal signature when signing their child in and out of the program. All time entries on the sign-in/sign-out record shall be legible and in blue or black ink. Signature entries shall be in blue or black ink and the full legal signature of the person completing the entry (no initials).

FIELD TRIPS *Fridays: schedule of events to be announced*

### PARENT VISITATION AND PARTICIPATION

The Y.E.S. staff invites parents to visit the site any time. Special projects and activities will be posted and parents are encouraged to participate. All visitors must report to the Y.E.S. room first and will be supervised by the Y.E.S. staff during their stay.

## **SUMMER Y.E.S. RULES & REGULATIONS**

### PROVISIONS FOR SPECIAL NEEDS CHILDREN

Program eligibility for disabled students is determined on a case-by-case basis. If your child has a special need, you will need to discuss this with the program administrator prior to registration.

### CELL PHONES/ELECTRONIC DEVICES/GAMES/TOYS

Students are not allowed to bring any toys or electronic devices. These electronic devices include and are not limited to the following:

*\*Cell Phones   \*Personal CD or MP3 players   \*Any portable game devices*

If your child does bring any electronic devices, they will be immediately confiscated. ***Please remember, cell phones are not permitted at the Y.E.S. Program.*** If it is crucial for your child to be contacted, please feel free to call the Summer Y.E.S. Program at (520) 742-0438. ***Flowing Wells Extension Programs, Inc. is not responsible for lost or damaged items that are brought to the Y.E.S. Program.***

### DISCIPLINARY PHILOSOPHY

The Y.E.S. staff uses a philosophy of positive reinforcement to manage the children's behavior. The Y.E.S. staff encourages children to engage in activities in a happy and positive manner. Children who exhibit inappropriate behavior may be removed from an activity for a short period until they are ready to participate in a more appropriate fashion. The consequences of behavior are pointed out to the children with the ultimate goal of helping them assimilate into a group setting, accept responsibility for their actions, and yet retain a sense of enjoyment. Children are required to engage in responsible behavior. **Serious or repeated misbehavior may result in expulsion from Y.E.S.** A parent who believes that his or her child has been inappropriately or unfairly excluded due to misbehavior may appeal to the director who shall meet with the parents, teacher, and child, if appropriate, and shall determine whether or not to readmit the child.

*\*All information is subject to change*

## MEALS

***The FREE breakfast and lunch program from Tuesday, May 29 to Wednesday, August 8!***  
***You must have your child signed in to the site by 7:25 a.m. in order to have Y.E.S. staff escort your child to breakfast.*** Children will not be allowed to walk by themselves to the cafeteria. If you arrive after 7:25 a.m., you must sign in your child, escort them to the cafeteria, and check them in with the Y.E.S. staff.

The Summer Y.E.S. program meets all Department of Health Services child care licensure requirements regarding facility usage, staffing, insurance (as mandated by Chapter 5, Article 3, Reg. R9-5302, State of Arizona Child Day Care Center regulations), and other mandates applicable to a licensed child care program. According to Department of Health Services, under regulation R9-5-509 General Food Service and Handling Standards, we must prohibit the usage of the on site refrigerator to be used to keep student's snacks or lunches. If your child brings a lunch from home and it must be kept at a cool temperature, a cooler or an ice pack must be provided by the parent.

***Due to Department of Health Services regulations-***  
***The Y.E.S. Program is no longer able to store lunches in any of the on site refrigerators or use the site microwave to heat any lunches.***

We apologize for any inconvenience that the new regulations may cause; however, we must abide by the standards set by the Department of Health Services. Department of Health is located at 400 W. Congress, Suite 100, and their phone number is (520) 628-6540.

## EMERGENCY PROCEDURES

The Y.E.S. staff has a member on duty at all times who has been trained in C.P.R. and First Aid to handle minor injury or accidents. A parent or guardian will be notified of any accident involving his or her child. Should emergency treatment be needed, Y.E.S. will attempt to contact the parent first. If Y.E.S. is unable to reach the parent, an attempt will be made to contact one of the persons designated as emergency contacts on the child's blue card. In case of serious injury or accident, 911 and/or the party listed as emergency contact will be called. If deemed necessary by paramedics or other medical personnel, the child will be taken to the nearest emergency center.

## MEDICATION

The Y.E.S. staff is permitted to dispense prescription medication only with parent or guardian authorization. If a child needs medication the parent or guardian needs to complete the REQUEST FOR GIVING PRESCRIPTION MEDICATION form. The Y.E.S. staff will administer prescription medication during the Summer Y.E.S. Program. The assigned agent will administer prescribed medication from 11:30 a.m. – 12:30 p.m. and 3:00 p.m. – 4:00 p.m. only. The medication is to be furnished by the parent or legal guardian and is to be labeled in the original prescription bottle with a current date, the student's name, name of medication, amount to be given, time of day to be given, and duration of treatment.



***We look forward to seeing you this summer!***

***\*All information is subject to change***

Flowing Wells Extension Programs, Inc.

Summer Y.E.S. 2018

Welcome to FWEP Summer Y.E.S. 2018! The Summer Y.E.S. Program operates from Tuesday, May 29 to Wednesday, August 8, 2018, Monday to Friday from 6:30 a.m. to 6:00 p.m. at the Richardson Y.E.S. site, which is located at 6901 N. Camino De La Tierra. To register, complete the form and return it with payment to Flowing Wells Extension Programs, Inc. 1444 W. Prince Rd., Tucson AZ, 85705 or any of the Y.E.S. sites. For more information please contact Flowing Wells Extension Programs, Inc. at 520-887-2600. Our office hours are Monday to Friday, 7:30 am – 1:30 pm. Effective May 29, our summer hours are Monday to Thursday, 7:00 am – 1:30 pm. \*SUMMER Y.E.S. will be closed Wednesday- July 4, 2018.

Material Fee per student: \$20.00

Hourly Fee: \$4.00 per child/per hour minimum 1 hour charge (No Non-attendance Fees)

FREE Breakfast and Lunch Program \* Restrictions apply

Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Responsible Guardian(s): Birth Parents \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other (explain) \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone \_\_\_\_\_ Name: \_\_\_\_\_ Day Phone \_\_\_\_\_

Email: \_\_\_\_\_

Is any child listed above the subject of a custody order or agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, a copy of the order or agreement must be provided.

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any health/dietary restrictions \_\_\_\_\_

My child is enrolled at \_\_\_\_\_ Elementary School.

My child will be attending the Summer Skills for Success Program: No \_\_\_\_\_ Yes \_\_\_\_\_ Site: \_\_\_\_\_

Permission Authorization Form

FIELD TRIP PERMISSION I give permission to Flowing Wells Extension Programs' Youth Enrichment Services to allow my child to participate in scheduled walking field trips. Parents will be notified each week as to the location of the trip, scheduled time and any other additional information needed. I hold harmless Flowing Wells Extension Programs, Inc. and Flowing Wells Schools for injury that may occur during field trip participation. All field trips will be accompanied by Y.E.S. Program staff. My child is permitted to attend the field trips. (Please Initial) \_\_\_\_\_

SUNSCREEN PERMISSION I give permission to Flowing Wells Extension Programs' Youth Enrichment Services to allow my child to administer sunscreen. I have agreed to send one container of sunscreen to the Y.E.S. Summer Program. I will clearly mark the sunscreen with my child's first and last name. I do understand, that if my child does not have sunscreen, they will not be allowed to swim. I understand that the sunscreen will be kept in a locked box for the duration of the summer. Sunscreen cannot be shared by others, this includes siblings. The sunscreen will be returned at the end of the summer program or when the child dis-enrolls. (Please Initial) \_\_\_\_\_

MEDIA RELEASE: I hereby consent that any photograph, videotape, films and/or audio recording of my child by Flowing Wells Extension Programs, Inc. are the property of said organization and may be used for publicity, training, publication, grant applications and/or any other deemed appropriate use by F.W.E. P. (Please Initial) \_\_\_\_\_

ELECTRONIC DEVICES/GAMES/TOYS/CELL PHONES

Students are not allowed to bring any toys or electronic devices. These electronic devices include and are not limited to the following:

\*Personal CD or MP3 players \*Personal DVD/TV players \*Cell Phones \*Any portable game devices

If your child does bring any electronic devices, they will be immediately confiscated. Please remember, cell phones are not permitted at the Y.E.S. Program. If it is crucial for your child to be contacted, please feel free to call the Summer Y.E.S. Program at (520) 742-0438.

Flowing Wells Extension Programs, Inc. is not responsible for lost or damaged items that are brought to the Y.E.S. Program. (Please Initial) \_\_\_\_\_

EMERGENCY CARD: I have reviewed the current Emergency Information Card located at my students Y.E.S. site. All the information is current and up to date. I understand that if my student is not currently attending Y.E.S. I will need to provide Immunization Records and an Emergency Card per child. (Please Initial) \_\_\_\_\_

I have read and understand the registration packet information.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

FEES ARE NON-REFUNDABLE (Please fill out the appropriate choices.)

Non-refundable Material Fee: \$20.00 per student \$ \_\_\_\_\_

Payment to Y.E.S. Account: \$4.00 per hour \$ \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Money Order/Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Approval: \_\_\_\_\_

Registration Taken By: Name: \_\_\_\_\_ Date: \_\_\_\_\_



ONE FORM PER CHILD

CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health Services  
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
------------------------------	-------	---------------------------

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):
----------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:





ONE FORM PER CHILD

CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health Services  
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
------------------------------	-------	---------------------------

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):
----------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day/yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

FLOWING WELLS EXTENSION PROGRAMS, INC.

Y.E.S. PROGRAM

*Credit Card Authorization*

*(OPTIONAL FORM)*

If you are interested in making automatic payments using your Credit/Debit Card, please complete the following form and turn it in with your enrollment packet. *You must call Flowing Wells Extension Programs, Inc. at (520) 887-2600 and give your credit card information to keep on file. Auto-payment will not start until your card number is called in. Please be aware that credit cards are processed manually. If your payment date falls on the weekend, a holiday or no school day your card will not be processed until the following business day. Cards will not be processed during Christmas Break or Spring Break.*

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Check One: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Please Specify Date/Dates)

Payment Day: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

Amount of Payment: \$ \_\_\_\_\_ or \_\_\_\_\_ Balance Due or \$25.00 Date of first Payment: \_\_\_\_\_

*\* Amount of Payment must pay the balance due in full each week and be minimum payment of \$25.00.*

I \_\_\_\_\_ authorize a weekly/bi-weekly credit card payment to be made on my account using the card on file. I will call and give my credit card information for payments. It is my responsibility to notify the office of any changes to my card information. I understand that the minimum payment accepted is \$25.00 however; the amount I select must pay my balance off weekly/bi-weekly.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date