



RECEIPT OF SECURITY DEPOSIT

THIS SECTION TO BE COMPLETED BY PARENT:

Child's Name: _____

Date of Birth: _____

Child's Start Date (required): _____

Regular Days of Week (required): _____

Parent's Name: _____

Phone Number: _____

Email Address: _____

Payment Schedule:

- weekly monthly CCIS (weekly) Military Assistance (monthly)

ATTENTION PARENT/GUARDIAN:

Please note that the enrollment process is not complete!

You will soon receive an email asking you to register your child thru our online.

Please click the link and complete and submit the form.

THIS SECTION TO BE COMPLETED BY MANAGER RECEIVING PAYMENT:

Manager Comments:

Payment received by: _____

Date Received: _____

Check/Money Order Number: _____

Date of Trial Day: _____

Date First Payment Due: _____

Amount of First Payment: _____

Amount of Regular Payment: _____

Instructions for manager accepting payment:

- Make two copies of this completed receipt.
- Original goes to parent.
- One copy goes to Director.
- One copy goes with check into payment box.
(If CCIS, include calculation sheet)