



## 2026-2027 Thornton Preschool Program Payment Contract

Resident     Non-Resident

### Trail Winds Recreation Center

AM Private Pay Kinder Readiness     PM Private Pay Kinder Readiness

### Carpenter Recreation Center

Early Preschool Class:     2-Day     3-Day     5-Day

Private Pay Kinder Readiness

### Thornton Community Center

Early Preschool Class:     2-Day     3-Day     5-Day

Private Pay Kinder Readiness

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CHILD:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

### I hereby agree to the following payment plan for the Thornton Preschool Program:

\$ \_\_\_\_\_ will be charged to my credit or withdrawn from my debit card on the third of each month starting \_\_\_\_\_.

Final payment will be withdrawn on April 3, 2027.

Credit/Debit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

I hereby acknowledge that I shall remain liable to pay the entire remaining amount for the re-enrollment in the program should any card be rejected.

I have read and agree to the payment plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Purposes Only  
Activity Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_