



2022-2023 Thornton Preschool Payment Contract

Resident

Nonresident

Carpenter Recreation Center Trail Winds Recreation Center

Early Preschool Kinder Readiness

2-Day 3-Day 5-Day

T/TH M/W/F M-F A.M. P.M.

Guardian: Last Name _____ First Name _____

Child: Last Name _____ First Name _____

Home Address _____ City _____ ZIP _____

Email _____ Telephone _____

I hereby agree to the following payment plan for the city of 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\$ _____ will be charged to my credit or withdrawn from my debit card on the third of each month starting _____

Final payment will be withdrawn on April 3, 2023.

If the third of the month falls on a weekend or holiday, the withdrawal will be made on the next business day.

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 No. _____	Date Processed _____