

Surround Care Monthly Payment Form for the month of: 2017 - 2018

Student Name: _____ School _____ Grade _____

#days (am) @ \$8 _____ #days (pm) @ \$8 _____ #days (am/pm) @ \$15 _____

Select days/session your child will be attending. (Select all that apply)

Mon. (am)	Tues. (am)	Wed. (am)	Thurs. (am)	Fri. (am)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon. (pm)	Tues. (pm)	Wed. (pm)	Thurs. (pm)	Fri. (pm)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checks made payable to: **The Town of Swansea** (cash not accepted).

Payments must be made on a monthly basis between the 15th & 30th of the previous month of care.

Payments received after the 30th of the previous month will result in a **\$15.00 late fee.**

Checks returned for insufficient funds will result in a **\$25.00 fee.**

Total amount enclosed: \$ _____

This form is NOT to be used to change your schedule. It is for payment purposes ONLY.

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