



Child Focus Early Learning Programs Before and After School Payment Agreement 2026-2027

I _____, for _____,
Parent/Guardian Name Student/Student's Name (s)

Child's Date of Birth _____ attending _____ hereby authorize
Name of School Attending During the School Year

Child Focus to automatically charge/process: _____ credit/debit card _____ electronic fund transfer on a weekly basis through Smart Care.

____ AM **and** PM Care: 5-day Program at \$80.00 per week each child
____ AM Care Only: 5-day Program at \$70.00 per week each child
____ PM Care Only: 5-day Program at \$70.00 per week each child

____ AM **and** PM Care: 4-day Program at \$70.00 per week each child
____ AM Care Only: 4-day Program at \$60.00 per week each child
____ PM Care Only: 4-day Program at \$60.00 per week each child

Payments will be processed on Monday prior to the services being provided. In the event a transaction is rejected, a staff member from the corporate office will contact you for an alternate means of payment. Please see handbook for additional payment policies including late fees and suspension of services for nonpayment.

I understand that I am responsible for payment when my child/children is/are absent on scheduled days. I also understand I am responsible to notify Child Focus in writing of withdrawal from the program and will be responsible for payment until written notification is given.

Credit/Debit Charge:

Credit/Debit Card Number: _____ Exp Date: _____ CVV: _____ Billing Zip Code: _____

Name on Card (Please Print): _____ MasterCard: _____ VISA: _____

Electronic Fund Transfer (EFT):

Name of Bank: _____ Name on Account: _____

Account Number: _____ Routing Number: _____ Checking _____ Savings _____

A \$35.00 nonrefundable registration fee is due upon submission of this agreement.

Registration fee paid by: _____ Cash _____ Check _____ Credit Card _____ Electronic Fund Transfer (ETF)

Authorizing Signature: _____ Date: _____

Contact Phone: _____ Email #1: _____ Email #2: _____

CC #46