



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

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

\_\_\_\_\_ attending \_\_\_\_\_ hereby authorize  
Child's Date of Birth 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