

Parent Payment Preferences

Mother

Name: _____

Email Address: _____

Phone: _____

Father

Name: _____

Email Address: _____

Phone: _____

(Email will be used for parents Brightwheel account)

Name of Child/Children enrolled: _____

Payment Preference: (Please circle your answer below)

Cash

Check

Bank Transfer: (Please provide a voided check)

Credit/Debit:    

Online through emailed Invoice: (Instructions will be sent to your email provided with the invoice so that you can pay online.)

Split payment: due on the 5th and 15th of the month. (Please circle your answer below)

YES

NO

Automatic Payments. (Please circle your answer below)

YES

NO

If you circled yes for **Automatic Payments** please sign here: _____