



2024-2025 Thornton Preschool Payment Contract

Resident Nonresident

Carpenter Recreation Center Early Preschool Class

2-Day 3-Day 5-Day

Thornton Community Center Early Preschool Class

2-Day 3-Day 5-Day

Last Name: _____ First Name: _____

CHILD: Last Name: _____ First Name: _____

Street Address: _____ City: _____ ZIP: _____

Email: _____ Telephone: _____

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\$ _____ will be charged to my credit or withdrawn from my debit card on the third of each month starting _____.

Final payment will be withdrawn on April 3, 2025.

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 Number: _____ Date Processed: _____