



Parent Payment Options

Lic. #: 525406753 525406754 045408133 045408134



My child, _____ (first/last) is _____ months/years old and is enrolled at: LLL Preschool LUC Preschool.

I plan on beginning my child's enrollment on: _____

My child's attendance days are as follows: M T W TH F (please circle)

I will be paying monthly tuition by the 5th of each month: Yes No

I am enrolled in the following subsidy program:

- Mechoopda Indian Tribe
- Valley Oak
- CCRE
- Social Services
- Other: _____

My case worker's name is: _____

Lunch program (determined by child's scheduled attendance)

- \$65.00 for the month
- \$55.00 for four (4) days a week
- \$45.00 for three (3) days a week
- \$35.00 for two (2) days a week
- I will provide my child's lunch daily

If lunch is forgotten at the time of drop-off, I understand I will be billed \$5.00.

Parent/Guardian Name	Parent/Guardian Signature	Date
Email address 1: _____		
Email address 2: _____		