**STAFF INITALS: \_\_\_\_\_\_\_\_\_\_\_\_\_**

****

**CRIMSON KIDS 2021**

**PAYMENT RECORD FORM**

**TOTAL AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Week :** | **Payment** | **Balance** |
| **July 12-16** |  |  |
| **July 19-23** |  |  |
| **July 26-30** |  |  |
| **Aug 2-6** |  |  |
| **August 9-13** |  |  |
| **August 16-20** |  |  |
|  |  |  |

**\*\*To hold your week, you must pay deposit of $25.00 per week, per child.**

**Balance must be paid by the Wednesday before your week begins!!!**

**DEBIT OR CREDIT CARD PAYMENT ONLY AT HEALTH AND WELLNESS CENTER OR CALL WITH PAYMENT 617 394 2390**

**\*NO REFUNDS\***