

Jackson Child Care Academy
P.O. Box 739
Jackson, NJ 08527

Please include payment coupons when mailing in monthly payments.

Please use blue or black ink (no markers).

Thank you.

JACKSON CHILD CARE ACADEMY PAYMENT SCHEDULE & COUPONS

Payments are due monthly between the fifteenth (15th) and the twenty fifth (25th) of each month. September tuition is due with registration. Payments received after the 30th of the month are subject to a \$25.00 late fee. Any account in arrears may result in child being terminated from the program.

Please print the information on the payment slips clearly and enclose with your payment.

DO NOT GIVE PAYMENT TO TEACHERS or CHILD CARE STAFF.

All accounts must be paid in full by May 25th.

No student/siblings will be accepted into Jackson Child Care Academy's current, new school year and summer programs or Community School's activity classes of any kind if there is an outstanding balance on the Child Care school year account.

JUNE Tuition: DUE BY May 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

MAY Tuition: DUE BY April 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

APRIL Tuition: DUE BY March 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

MARCH Tuition: DUE BY February 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

FEBRUARY Tuition: DUE BY January 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

JANUARY Tuition: DUE BY December 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

DECEMBER Tuition: DUE BY November 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

NOVEMBER Tuition: DUE BY October 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____

OCTOBER Tuition: DUE BY September 25TH

Jackson Child Care

Child's Name: _____ School: _____

Parent/Guardian's Name: _____

Amount Enclosed: \$ _____