



Payment Plan 2018-2019

Located in Kosair Charities Center on
Masonic Communities' Louisville Campus

3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

CHILD'S NAME: _____

Parent/Guardian: _____

(Your child's tuition is based on classroom enrollment. It does not change with the child's age.)

PAYMENT FREQUENCY

- Annually (first day of school year) Monthly (first business day of each month)
 Bi-weekly (1st and 15th, or following business day each month) Weekly (Monday of each week)

DISCOUNTS

- I have selected an annual payment; please apply a 5% discount.
- I have multiple children attending Sproutlings; please apply a multi-child discount. (Families with more than one child attending will receive a 10% discount off the oldest child's tuition. Families with more than two children attending also will receive a 5% discount off the second oldest child's tuition.)
- I am a Masonic Communities Kentucky employee; please apply my eligible employee discount. Participation in payroll deduction is required.
(for Sproutlings Admin) Eligible Discount: _____% Signature _____



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PAYMENT OPTIONS

Personal/Business Check (Checks should be made payable to Sproutlings) Signature _____

Bank Draft** (weekly only)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

Please submit a voided check with name and address printed on it or a typed letter from your bank on bank letterhead providing customer name, routing and account numbers signed by bank representative and return this form.

** I hereby authorize Masonic Homes of Kentucky, Inc. to initiate automatic withdrawals from my account at the financial institution named below. I also authorize Masonic Homes of Kentucky, Inc. to make deposits to this account in the event that a withdrawal is made in error. Further, I agree not to hold Masonic Homes of Kentucky, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Payroll Deduction* (for Masonic Homes of Kentucky employees only)

Signature: _____ Date: _____

* I authorize Masonic Homes of Kentucky to deduct Sproutlings tuition payments (26 per year) from my payroll as indicated in this authorization form according to the terms outlined on this form. Please let us know if you would also prefer to have your annual registration fee and supply fee deducted from your payroll.

Credit Card*** Select one: Visa Master Card

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Expiration Date: _____ CVV2 (3 digits on back of Visa/MC): ____

Signature: _____ Date: _____

*** I authorize Masonic Homes of Kentucky to charge the credit card indicated in this authorization form according to the terms outlined on this form. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. NOTE: A 5% processing fee is added to tuition payments and other fees paid by credit card.

~ **If I choose to permanently withdraw my child, I agree to give 30 days notice and will pay in full for the entire 30 days.**