



Payment Plan

Located in Kosair for Kids Center on
Masonic Homes Kentucky's 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/REN'S NAME: _____

Parent/Guardian: _____

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

PREVIOUSLY ENROLLED / Annual Registration Fee \$100 + Activity Fee \$75 for each child

- ☐ Please add \$ _____ to my weekly draft
- ☐ Please add \$ _____ to my credit card on file
- ☐ I've attached a personal check in the amount of \$ _____ for my child(ren)

NEW ENROLLMENT / Registration Fee \$50 + Activity Fee \$75 for each child

- ☐ Please add \$ _____ to my weekly draft
- ☐ Please add \$ _____ to my credit card on file
- ☐ I've attached a personal check in the amount of \$ _____ for my child(ren)

☐ **NO CHANGES IN PREVIOUS YEAR'S BANK PAYMENT INFORMATION**

PAYMENT FREQUENCY

- ☐ Annually (first day of school year)
(Credit cards or personal check only)
- ☐ Monthly (first business day of each month)
(Personal check only)
- ☐ Weekly (Monday of each week)
(Bank draft or personal check only)
- ☐ Bi-weekly (Monday of every other week)
(Credit card only)

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 Homes Kentucky employee; please apply my eligible employee discount. Participation in payroll deduction is required.
(for Sproutlings Admin) Eligible Discount: _____% Signature _____

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 MHKY Management Services, LLC to initiate automatic withdrawals from my account at the financial institution named below. I also authorize MHKY Management Services, LLC to make deposits to this account in the event that a withdrawal is made in error. Further, I agree not to hold MHKY Management Services, LLC 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 Kentucky employees only)
Signature: _____ Date: _____

* I authorize MHKY Management Services, LLC 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.

~ 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. _____ (initial here)



Credit Card Authorization

Located in Kosair Charities Center on
Masonic Homes Kentucky's Louisville Campus
3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

This information is confidential. This form will be kept by Masonic Homes Kentucky Corporate Resource Center.

Please complete the information below.

I, _____ authorize Sproutlings to charge my credit card for:
(full name)

Child(ren) _____ indicated below for:

_____ on or after _____
(total amount) (total amount)

_____ on or after _____
(total amount) (total amount)

Months with an additional week will be added to your payment.

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Account Type: ☐ Visa ☐ Mastercard ☐ Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of card): _____

Authorized Signature of Card Holder: _____
(if present during transaction)

For Corporate Resource Center Use Only

Order Processed By: _____

Date Transaction Completed: _____

Date Facility Notified: _____