

PAYMENT VOUCHER

Parent Name: _____

DATE: _____

Phone No. _____

Family # _____

Total Enclosed \$ _____

Check# _____

Pre-K

Registration Fee \$ _____

Tuition \$ _____

Milk Fee \$ _____

Food Service

Hot Lunch \$ _____

After School Care \$ _____

Kindergarten-Grade 8

Registration Fee \$ _____

Tuition \$ _____

Band Fee \$ _____

Third Source Fund \$ _____