

MyWIChildCare - Payment Agreement Schedule

Please complete every line, sign, date and mail or return promptly. Thank you!!! - Pastor Tom

Name _____

Street Address _____ ST ____ Zip _____

Contact Phone # (_____) _____

Other Contact # (_____) _____

Name of Child(ren) _____

My Payment will be (circle one): A. **Monthly** - The First Day of the Month
B. **Weekly** - Each Friday before the next school week.

My Payment will be made (circle one): - ONLINE - OVER PHONE - IN PERSON

Signature: _____ Date _____

(A LATE FEE OF \$50 WILL BE ASSESSED ON PAYMENTS TWO WEEKS PAST DUE)



**Creative Christian Childcare
& School**

9455 N 76th St.
Milwaukee, WI 53223

1st Class
Stamp
Here

Pastor Tom Wilke - Administrator
9455 N 76th St.
Milwaukee, WI 53223