

Preschool Financial Form

Child's first and last name _____ Child's age _____
Parent's Last Name _____
Parent's First Name _____
Address _____
E-mail Address _____
City _____ Zip _____
Home phone _____ Cell number _____

Registration fee to accompany application \$75. Make checks payable to: St. John's Lutheran Early Childhood Center

Please deduct tuition payments from my _____ Checking Account (attach voided check)
_____ Savings Account (attach savings deposit slip)

Routing # _____
Account # _____

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw tuition payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account holder's signature _____ Date _____

Check the boxes that apply:

_____ **PART TIME** _____ # of days a week _____ M T W TH F (Circle all that apply)

_____ AM sessions (\$15.00 per session)

_____ **FULL TIME** _____ # of days a week (\$27.00 per session)
M T W TH F (Circle all that apply)

I wish my payments to be taken:

_____ weekly _____ ***Date to begin**** required information

_____ bi-weekly _____ ***Date to begin**** required information

_____ monthly
on the _____ 10th, _____ 20th, or 30th _____ of each month

(Check only one please and only use if paying monthly.)

You will be notified by email the date and amount of your first withdrawal.