

St. Andrew Christian Preschool

2010-11 Registration

Office Use Only	
Date _____	
Check# _____	
Amt \$ _____	
EFT Form <input type="checkbox"/>	
Class# _____	

Non-Refundable Registration fee \$75.00 Two Children \$90.00

Registration fee plus Simply Giving® EFT tuition authorization must accompany this form
 First month's EFT tuition will be deducted from your account on August 10, 2010

Check payable to: **St. Andrew Christian Preschool**

5607 NE Gher Road	preschool@salcvan.org
Vancouver WA 98662	www.salcvan.org
(360) 892-7210 phone	(360) 892-1306 Fax

Child's Last Name, First	Boy or Girl?		Birthdate
	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Parent's Name(s)		Telephone	
		()	
Street Address	City	Zipcode	
Email address:	Future Kindergarten:	Special Requests:	

Check one	Class Sessions	Age	Class Time	Monthly Tuition (First EFT deduction due Aug. 10, 2010)	Registration fee due with this form
<input type="checkbox"/>	1. M-T-W-Th mornings (4 days)	4-5	9:00-11:30 a.m.	\$199	\$75
<input type="checkbox"/>	2. M-T-Th afternoons (3 days)	4-5	12:15-2:45 p.m.	\$159	\$75
<input type="checkbox"/>	3. M-W mornings (2 days)	3-4	9:00-11:30 a.m.	\$115	\$75
<input type="checkbox"/>	4. T-Th mornings (2 days)	3-4	9:00-11:30 a.m.	\$115	\$75
<input type="checkbox"/>	5. M-T-Th afternoons (3 days)	3-4	12:15-2:45 p.m.	\$159	\$75
<input type="checkbox"/>	6. A.M. Two & You (w/parent) Indicate choice 1 & 2 1 day/week ___T___Th	2-3	9:15-11:15 a.m.	\$45	\$75
<input type="checkbox"/>	7. P.M. Two & You (w/parent) Thursday afternoon (1 day/ week)	2-3	12:30-2:30 p.m.	\$45	\$75

*Families with more than one child enrolled: First child - regular monthly tuition,
 additional children: \$15 per month discount per each additional child

St Andrew Christian Preschool welcomes students of any race, color, and national or ethnic origin.

AUTHORIZATION FORM

St. Andrew Christian Preschool

504760280

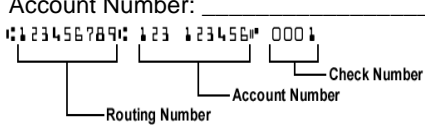
FOR OFFICE USE ONLY	STUDENT:	DATE:
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Effective date of authorization: ____/____/____	Name of Student: _____
Type of Authorization Form: <input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment
<input type="checkbox"/> Change payment date	

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  The diagram shows a check number '000' and routing/account numbers '23456789' and '23 23456'. Brackets indicate that '23456789' is the Routing Number, '23 23456' is the Account Number, and '000' is the Check Number.
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Tuition Payment Plan (please check one): <input type="checkbox"/> 9 Month Plan (Aug. through Apr.) <input type="checkbox"/> 3 Month Plan (Aug., Nov., Feb.) <input type="checkbox"/> 2 Month Plan (Aug. and Dec.)

Date of first payment: ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 10 th	Amount of first payment: \$ _____
Date of last payment (optional): ____/____/____		Amount of ongoing payment: \$ _____
		Amount of last payment (optional): \$ _____

AGREEMENT I authorize the above school and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____
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