



# St. Andrew Preschool & Kindergarten

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

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

Non-Refundable Preschool Registration fee \$110 (one child) \$130 (two or more children)  
 Non-Refundable Kindergarten Registration fee \$200

- ♥ Registration fee and
- ♥ ACH authorization form for monthly tuition payments (see page 2) must accompany this form

Child's Last Name:		First Name:	
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Birthdate: / /	Special Requests:
Parent 1:		Phone 1:	
Parent 2:		Phone 2:	
Address:		City:	State: Zip code:
E-mail address:			

<input checked="" type="checkbox"/> Class Sessions	Age by 8/31/18	Class Time	Prepaid Yearly Tuition <sup>*/*</sup>	10 equal Payments*
<input type="checkbox"/> 1. M-T-W-Th Kindergarten	5	8:30 a.m.–12:30 p.m.	\$3890	\$395
<input type="checkbox"/> 2. M-T-W-Th mornings (4 days)	4-5	8:30–11:30 a.m.	\$3100	\$315
<input type="checkbox"/> 3. M-T-Th afternoons (3 days)	4-5	12:15-3:15 p.m.	\$2215	\$225
<input type="checkbox"/> 4. M-T-Th afternoons (3 days)	4-5	12:15-3:00 p.m.	\$2020	\$205
<input type="checkbox"/> 5. M-W mornings (2 days)	3-4	8:45-11:30 a.m.	\$1625	\$165
<input type="checkbox"/> 6. T-Th mornings (2 days)	3-4	8:45-11:30 a.m.	\$1625	\$165
<input type="checkbox"/> 7. T-Th afternoons (2 days)	3-4	12:15-3:00 p.m.	\$1625	\$165
<input type="checkbox"/> 8. Wed a.m. Two & You (w/parent)	2-3	9:30-11:30 a.m.	\$535	\$55
<input type="checkbox"/> 9. Thurs a.m. Two & You (w/parent)	2-3	9:30-11:30 a.m.	\$535	\$55

<input checked="" type="checkbox"/> Lunch Bunch	circle day(s) if applicable*	Age	Time	Yearly	10 equal payments
<input type="checkbox"/> 4 Lunch Bunches/week	M/T/W/Th	3-5	11:30-12:15	\$1050	\$105
<input type="checkbox"/> 3 Lunch Bunches/week	M T W Th	3-5	11:30-12:15	\$800	\$80
<input type="checkbox"/> 2 Lunch Bunches/week	M T W Th	3-5	11:30-12:15	\$550	\$55
<input type="checkbox"/> 1 Lunch Bunch/week	M T W Th	3-5	11:30-12:15	\$300	\$30

Daily drop in Lunch Bunch is \$15/day, \$80/6 days, \$145/12 days

- \*Families with more than one child enrolled:  
 First child - regular tuition, additional children: \$150 per year discount per each additional child (discount does not apply to Lunch Bunch)
- \*Payment due by August 8, 2018
- \*Child attends same lunch bunch day(s) each week

School year runs from September to mid-June

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

# AUTHORIZATION FORM

St. Andrew Preschool & Kindergarten

504760280

<b>Please fill out form below:</b>		
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
Address		
City		State      Zip
Please debit payments from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<p> <small>⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 * 0 0 0 1</small>  <small>└─── Routing Number      └─── Account Number      └─── Check Number</small> </p>
<b>Tuition Payments:</b> monthly on the 20 <sup>th</sup> of the month, August through May		
Date of electronic ACH Registration fee payment: ____/____/____	Date of first ongoing payment: ____/____/____	Amount of electronic ACH Registration fee payment: \$ _____
	Date of last ongoing payment: ____/____/____	Amount of ongoing payment: \$ _____
<b>AGREEMENT</b>		
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: _____

<b>FOR OFFICE USE ONLY*</b>	*ID:	*DATE PROCESSED:
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**Additional one-time payments (Next Year Registration, Lunch Bunch, etc):**

Date of one-time payment	Amount:	Authorized Signature:	Date:
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____

***New Accounts only***  
***Please attach voided check here***