



St. Andrew Christian Preschool

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#	_____

New Families to St. Andrew, registration begins Tuesday, Feb. 5
 Returning families may register beginning Tuesday, Jan. 15
 Non-Refundable Preschool Registration fee \$110 (one child) \$150 (two or more children)

- ♥ 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:			

X	Class Sessions	Age by 8/31/19	Class Time	Prepaid Yearly Tuition**/*	10 equal Payments*
<input type="checkbox"/>	1. M-T-W-Th mornings (4 days)	4-5	8:30-11:30 a.m.	\$3300	\$335
<input type="checkbox"/>	2. M-T-W-Th mornings (4 days)	4-5	8:45-11:30 a.m.	\$3024	\$307
<input type="checkbox"/>	3. M-T-Th afternoons (3 days)	3-4-5	12:15-3:00 p.m.	\$2315	\$235
<input type="checkbox"/>	4. T-Th afternoons (2 days)	3-4-5	12:15-3:00 p.m.	\$1820	\$185
<input type="checkbox"/>	5. M-W mornings (2 days)	3-4	8:45-11:30 a.m.	\$1820	\$185
<input type="checkbox"/>	6. T-Th mornings (2 days)	3-4	8:45-11:30 a.m.	\$1820	\$185
<input type="checkbox"/>	7. Wed a.m. Two & You (w/parent)	2-3	9:30-11:30 a.m.	\$535	\$55
<input type="checkbox"/>	8. Thurs a.m. Two & You (w/parent)	2-3	9:30-11:30 a.m.	\$535	\$55
<input type="checkbox"/>	9. Thurs p.m. Two & You (w/parent)	2-3	12:30-2:30 p.m.	\$535	\$55

X	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 7, 2019
 *Child attends same lunch bunch day(s) each week

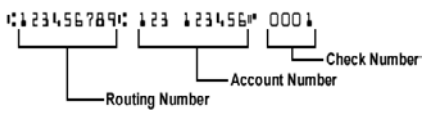
School year runs from September to mid-June

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

AUTHORIZATION FORM

St. Andrew Preschool

504760280

Please fill out form below:		
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): <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: _____ 
Tuition Payments: monthly on the 20 th of the month, August through May		
Date of electronic ACH Registration fee payment: ____/____/____	Date of first ongoing payment: ____/____/____ Date of last ongoing payment: ____/____/____	Amount of electronic ACH Registration fee payment: \$ _____ Amount of ongoing payment: \$ _____
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: _____		

FOR OFFICE USE ONLY*	*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

