

St. Andrew Preschool

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

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

Open Registration for September 2021 classes begins Monday February 8, 2021
 Non-Refundable Preschool Registration fee \$115 (one child) \$155 (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 8/31/21 | 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. | \$3680 | \$368 |
| <input type="checkbox"/> 2. M/W mornings (2 days) | 3-4 | 8:45-11:30 a.m. | \$1900 | \$190 |
| <input type="checkbox"/> 3. T/Th mornings (2 days) | 3-4 | 8:45-11:30 a.m. | \$1900 | \$190 |
| <input type="checkbox"/> 4. M/T/W afternoons (3 days) | 3-5 | 12:15-3:15 p.m. | \$2940 | \$294 |
| <input type="checkbox"/> 5. M/W afternoons (2 days) | 3-4 | 12:15-3:15 p.m. | \$2080 | \$208 |
| <input type="checkbox"/> 6. T/Th afternoons (2 days) | 4-5 | 12:15-3:15 p.m. | \$2080 | \$208 |

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

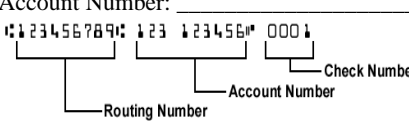
School year runs from September to mid-June

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 payment amount <input type="checkbox"/> Change payment date | <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment | |
| 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: |
|-----------------------------|-------------|-------------------------|

| Additional one-time payments (Next Year Registration, Lunch Bunch, etc): <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Date of one-time payment</th> <th style="width:10%;">Amount:</th> <th style="width:30%;">Authorized Signature:</th> <th style="width:10%;">Date:</th> </tr> </thead> <tbody> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Date of one-time payment | Amount: | Authorized Signature: | Date: | ____/____/____ | \$ _____ | _____ | _____ | ____/____/____ | \$ _____ | _____ | _____ | ____/____/____ | \$ _____ | _____ | _____ | ____/____/____ | \$ _____ | _____ | _____ | ____/____/____ | \$ _____ | _____ | _____ | <p style="text-align: center;"><i>New Accounts only</i></p> <p style="text-align: center;"><i>Please attach voided check here</i></p> <div style="text-align: center;">  </div> |
|---|--------------------------|-----------------------|-----------------------|-------|----------------|----------|-------|-------|----------------|----------|-------|-------|----------------|----------|-------|-------|----------------|----------|-------|-------|----------------|----------|-------|-------|--|
| Date of one-time payment | Amount: | Authorized Signature: | Date: | | | | | | | | | | | | | | | | | | | | | | |
| ____/____/____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ____/____/____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ____/____/____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ____/____/____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ____/____/____ | \$ _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |