

2020- 2021 REGISTRATION FORM



Toddler Class

(2 years 7 months by 9/1/20)
\$80 Monthly Tuition
 Monday (9:00-11:00)

Three-Year-Old Class

(3 years by 9/1/20)
\$140 Monthly Tuition
 T/TH (9:00-12:00)
 W/F (9:00-12:00)

Prekindergarten 4 Class

(4 years by 9/1/20)
\$165 Monthly Tuition
 M/T/TH (9:00-12:00)
 M/W/F (9:00-12:00)

Prek 5 Class

(5 years by 12/31/20)
\$190 Monthly Tuition
 M/T/W/TH (9:00-12:00)

Child's Name: _____ Birthdate: _____

Parents' Names: _____ Phone: _____

Address: _____

_____ Zip Code: _____

Email: _____

How did you hear about us? _____

Due Now: \$50.00 nonrefundable registration fee is due upon receipt of this registration form to reserve a space for your child.

Due May 11, 2020: \$50.00 materials fee and the first of 9 tuition installments

All fees are nonrefundable. An information packet containing additional forms will be sent out during the month of April. **Failure to pay the registration fee, materials fee and first tuition installment by May 11, 2020 will result in a forfeiture of registration.**

Release: I hereby for myself, my child, my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against Concordia Lutheran Preschool, its agents and representatives for any injury or damages that may be suffered by me or my child in connection with my association with the school. I also understand that enrollment is for a full school year and I am responsible for the full year's tuition. Failure to pay the required fees by May 11, 2020 will result in a forfeiture of registration.

Parent's Signature: _____ Date: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of

