



Risen Christ

CHRISTIAN ACADEMY

Child Development Center Financial Agreement

CHILD'S NAME:	ROOM	DATE OF BIRTH:
RESPONSIBLE PARTY'S NAME:	RELATIONSHIP:	
RESPONSIBLE PARTY'S ADDRESS (NOTE: IF DIFFERENT, PLEASE PRINT STUDENT'S ADDRESS ON REVERSE SIDE):		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	WORK PHONE:

Child Care Registration / Enrollment Fee per child	\$100.00
Child Care Weekly Tuition Fee	\$150.00
Late Pick up Charge per child per minute	\$2.00

Payment Method:

- Cash or Personal Check – I will pay by cash or personal check on the first day of each week.
- Credit or Debit (ACH) Card – I authorize the payment to be automatically billed to the following card on the first day each week All credit card transactions are subject to a 3.5% fee.

Debit (ACH) Transactions – Please complete the following and submit a voided check:

NAME ON ACCOUNT:	PHONE NUMBER:
BILLING ADDRESS ON ACCOUNT:	BANK NAME:
ROUTING #:	ACCOUNT #:

Credit Card Transactions – Please complete the following:

NAME ON ACCOUNT:	PHONE NUMBER:
ACCOUNT NUMBER:	ZIP CODE:
EXPIRATION DATE:	CVV #:

I understand that late payments or returned payments will result in additional fees and that failure to adhere to this payment plan could result in the student's expulsion.

Authorized Signature

Authorized Signature

Date