

**Immaculate Conception School & Pre-School**  
**Full-Time Before/After School Care**

Office Use Only
ID# _____
Monthly Amount \$ _____

Date \_\_\_\_\_

Please return this form and the \$40.00 registration fee.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

*Drafts for the current School Year will begin in September*

**Monthly Before & After School Care Auto-Draft Authorization**

Your signature on this document authorizes the Immaculate Conception School and Preschool to draft your monthly Before and After School Care payments from your checking or savings account. Your signature also acknowledges that you are aware that:

- Changing the draft date or banking information requires 14 days advance written notice.
- Removing child/ren from full time Before/After School Care requires written notification to the After School Care Coordinator. This notification also initiates monthly drafts to be stopped.
- Before/After School Care fees are not prorated.
- One change from fulltime to part time or vice versa is permitted per academic year with the exception of a lifestyle change (change of job/birth of sibling, etc). Any changes in addition to the one allocated per child per academic year are subject to the approval of administration.

If your draft is returned due to insufficient funds, the account will be drafted one additional time. If the 2<sup>nd</sup> draft is returned by the bank, the failed draft amount must be paid via cash, cashier's check, or money order within 5 days of the return date. If a draft is returned due to stop payment or a closed account, payment via cash or money order for the amount due plus an additional \$10 late/returned check fee must be paid within 5 days of the return date.

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Draft Date Preference: 5<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_