AFTER SCHOOL CARE HANDBOOK ACKNOWLEDGMENT

I have read and understand all statements and provisions set forth in the St. Vincent de Paul Catholic Elementary School After School Care Handbook. In consideration of acceptance into the After School Care Program, I agree to make timely payments of required fees and to adhere to, and cooperatively support, all rules and regulations of the program. I understand that my failure to meet the conditions of this agreement may result in my child being dismissed from the program.

I also understand that the program reserves the right to add to, modify or abolish any of the handbook provisions without notice, and that non-enforcement of any of the rules or regulations does not serve as a waiver of those rules in the future.

Student Last Name(s) _____
Please Print

Student(s) First Name(s) _____
Please Print

Parent/Guardian Signature _____

Date_____

Please return this form to the school office by August 15, 2023

After School Care
Pre-authorized Check Plan Agreement

I request St. Vincent de Paul Catholic Church (SVdP) obtain payment of sums becoming due it by charging my account in the form of checks, drafts, or electronic debit entries, and I request and authorize the financial institution named below to accept and honor the same and to charge the same to my account. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry. This Authorization will remain in effect until I notify SVdP 31 days in advance in writing to terminate. I hereby terminate any prior authorization of SVdP to initiate charges to this account effective the date on which the initial charge is initiated by SVdP under this authorization. I understand that I may stop payment of any charge by notifying the financial institution before my account is charged, and I may have the amount of an erroneous electronic debit entry immediately credited to my account within 15 days after issuance of my statement or 45 days after posting, whichever occurs first. I understand that any returned item or redemption of the entire account may result in termination of my Pre-Authorized Check Plan. This authorization will become effective only upon acceptance by SVdP at its office.

THIS AUTHORIZATION IS FOR MONTHLY WITHDRAWALS ON THE 15TH OF THE MONTH

BANK/FINANCIAL INSTITUTION INFORMATION

(*If you are filling this information out by hand, please print clearly*)

Transit Number_____

Bank Account Number_____

Account Name_____

Date_____

Depositor's Day Time Telephone_____

Financial Institution Name and Address

_____

_____

_____

Signature of Depositor_____

Extra-curricular Activities Permission Form

I hereby give permission for my child(ren), _____, to leave the St. Vincent de Paul After School Care program at _____(time) on_____(date) to attend _____(extra-curricular activity held at SVdP). I will pick up my child directly from that activity and he/she will not return to ASC that day.

_____ _____

Signature Date