

I have read and understand the contents of the St. Vincent de Paul Catholic Elementary School Child Care Parent Handbook. In consideration of acceptance into the Child 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

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

Parent/Guardian Signature _____

Date _____

Please return this form to child care by August 15, 2023

TUITION PRE-AUTHORIZED CHECK PLAN AGREEMENT

(This form is required only for new enrollment or change in banking information)
 (This form is required only for new enrollment or change in banking information)
 I (we) hereby authorize St. Vincent de Paul Parish (hereafter referred as Company) to initiate debit entries to checking account at depository indicated below (hereafter referred as Account). I understand the monthly amount withdrawn from Account will be for the entire amount due to Company. In addition, I authorize Company to promptly correct any amounts withdrawn from Account in error. I understand that a Company error can result in additional monies due to Company. This authority is to remain in full force and effect until Company has received written notification from Account holder of its termination in such time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it.

This authorization is for MONTHLY withdrawals

BANK / FINANCIAL INSTITUTION INFORMATION (please type or print clearly):

Transit Number: _____

Bank Account Number: _____

Parent's Name: _____

Date: Depositor's Daytime Telephone: _____

CLEARLY PRINT OR TYPE THE
 FINANCIAL INSTITUTION NAME AND ADDRESS ON THE LINES BELOW:

Signature of Depositor: _____

HANDBOOK ACKNOWLEDGEMENT