



Little Learners

Christian Preschool & Childcare

Method of Payment Sheet

Please mark your preferred method of payment. **The "Auto-Withdraw" or the "Credit Card" section must be filled out, even if you are paying for the semester or year in advance.** The only exception is if you are paying in advance and registering your child for M-F 8:00 a.m.-5:00 p.m. (full-time).

The Registration Fee (as noted on the Registration Form) will be auto-withdrawn or charged to the credit card listed below.

Monthly payments by checks are not accepted.

AUTO-WITHDRAW

I authorize Little Learners Christian Preschool and Childcare to initiate debit entries for my child(ren) to the account indicated below to debit the same to such account. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. Law.

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

Please attach a voided check.

This authority is to remain in full force and effect until Little Learners has received written notification from me of its termination in such time and manner as to afford Little Learners a reasonable opportunity to act on it.

CREDIT CARD

I authorize Little Learners Christian Preschool and Childcare to charge my credit card for tuition, fees, and Extended Care.

Type (Circle One): VISA MC Discover AMEX Credit Card #: _____

Exp. Date: _____ 3-Digit Code _____ Billing Zip Code: _____

I understand there will be a 4% fee for using this option.

This authority is to remain in full force and effect until Little Learners has received written notification from me of its termination in such time and manner as to afford Little Learners a reasonable opportunity to act on it.

If registering for the full day option (8:00 a.m.-5:00 p.m.) and you would like to pay weekly, instead of once a month, please check this box.

Checks will be accepted for the following situations only:

Paying for the semester in advance. (Must be paid for 5 months minimum and due by August 1 and/ or Jan. 2 to receive discount. Please contact shannon.cuciti@gmail.com for total amount).

Paying for full school year in advance. (Must be paid for all 10 months in order to receive discount. Please contact shannon.cuciti@gmail.com for total amount).

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____

Date: _____