

2010-2011 PRESCHOOL TUITION PAYMENT OPTIONS

Please complete this form and return to LCCS along with your registration forms.

Parent's Name: _____

Parent's Address: _____

Person to Bill for Tuition: _____

Email for this person: _____

Church applying family attends: _____

2010-2011 TUITION PAYMENT OPTIONS (PLEASE CHECK ONE)

- Cost is \$1,080 for two full days and \$828 for three half days.
- Please check one of the following payment options:
 - 1. One payment option – due by August 1
 - 2. Nine month payment option by preauthorized direct debit on the 5th of each month – Sept. 2010 – May 2011

PRESCHOOL FACTS

- Children applying for Preschool must be three years old by September 2010 (Leola Campus only)
- Children applying for Pre-Kindergarten must be four years old by September 2010
- Preschool has one option
 - Three half days – Monday, Wednesday, and Friday, 8:10 – 11:30
- Pre-K has two options
 - Two full days – Tuesday and Thursday, 8:10 – 2:45
 - Three half days – Monday, Wednesday, and Friday, 8:10 – 11:30
- Pre-K follows the school-wide academic calendar
- **Pre-K registration fee is \$30 per student.**
- Registration fee must be submitted with application

STUDENT INFORMATION

Please list all LCCS students, highest grade to lowest grade and which campus they will attend

Student's Name	2010-2011 Grade	Campus	AL Code (Office Use Only)

FEES AND REGULATIONS

Withdrawal: First month's tuition is non-refundable. If a student is withdrawn during the school year, \$100 per incomplete quarter. Max \$400

Student records, including report cards, transcripts, and diplomas will be released when all academic and financial obligations have been met.

As parents, we understand and agree to abide by the above regulations:

Father Signature: _____

Mother Signature: _____

Date: _____

AUTHORIZATION FOR DIRECT DEBIT

I authorize Lancaster County Christian School to initiate electronic debit entries to my:

Checking Account Savings Account

for my payment of tuition. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name (Please print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State: _____

A \$25 fee will be assessed if the pre-authorized debit is returned Non Sufficient Funds.

Signature: _____ Date: _____