



PRE-AUTHORIZED DEBIT FOR CHILD CARE FEES New and Change of payment Schedule

PARENT'S NAME: _____

CHILD (REN) NAME(S): _____

CENTRE: _____

(Please select appropriate boxes):

TODDLER	<input type="checkbox"/>				
PRESCHOOL	<input type="checkbox"/>				
KINDERGARTEN	<input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM & PM <input type="checkbox"/>	
SCHOOL AGE	<input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM & PM <input type="checkbox"/>	
CAMP	<input type="checkbox"/>	FDK <input type="checkbox"/>	SA <input type="checkbox"/>		

Changes to the payment schedule for child care fees through the Pre-Authorized Payment Plan are effective from: September 2018 -

Fee per child: _____

The monthly amount will be: _____

My preferred payment schedule is:

1st of each month: _____

1st and 15th of each month: \$ _____

Signature

Date

Print full name

Please advise us of any changes to address, phone number or banking information.

<p>Staff/Office Use only</p> <p>Reviewed by YCD Manager: _____ (Print name)</p>
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