



Eagle's Nest Preschool

2018/19 Tuition Contract & Payment Schedule

Family Name: _____

Parent Name(s): _____

Child Name(s): _____
(please include surname if different from family name)

E-Mail: _____

Section A: Tuition and Fee Schedules

\$21/child per morning (Please complete one registration form per child)

Section B: Day(s) Selection

Please indicate, by circling, the day(s) your child will be attending:

Monday Tuesday Wednesday Thursday Friday

* Note that preschool services will only be offered on days that have sufficient enrollment. Selecting a day above does not guarantee its availability.

Section C: Payment Schedules

Month	Monthly Fee Amount Due /child					Totals	Date Withdrawn	
	Mon.	Tue.	Wed.	Thu.	Fri.	Monthly Subtotal	1st of the Month	15th of the Month
September	\$ 63.00	\$ 84.00	\$ 84.00	\$ 84.00	\$ 84.00			
October	\$ 84.00	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00			
November	\$ 84.00	\$ 84.00	\$ 84.00	\$ 105.00	\$ 105.00			
December	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00			
January	\$ 84.00	\$ 84.00	\$ 84.00	\$ 84.00	\$ 63.00			
February	\$ 63.00	\$ 84.00	\$ 84.00	\$ 84.00	\$ 84.00			
March	\$ 42.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00			
April	\$ 84.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 63.00			
May	\$ 42.00	\$ 84.00	\$ 105.00	\$ 105.00	\$ 105.00			
June	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00			
Total	\$ 672.00	\$ 819.00	\$ 819.00	\$ 819.00	\$ 777.00			

Signed: _____ Date: _____

Section D: Pre-Authorized Debit Form

Eagles Nest Preschool is accepting Pre-authorized debiting (PAD) for tuition payments. Payments can be withdrawn on the 1st and/or 15th of each month. Please attach a void cheque and complete the information below. Contact Jenn DeVries at bookkeeper@cambridgechristianschool.com if you have any questions.

I/we authorize CAMBRIDGE CHRISTIAN SCHOOL, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our CAMBRIDGE CHRISTIAN SCHOOL account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. CAMBRIDGE CHRISTIAN SCHOOL will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CAMBRIDGE CHRISTIAN SCHOOL has received written notification from me/us of its change or termination with my/our account being paid in full. This notification must be received at least ten (10) business days before the next debit is scheduled at the school's Finance Office.

CAMBRIDGE CHRISTIAN SCHOOL may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement; I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

Signed: _____

Financial Institution (FI): _____

FI Account Number: _____

FI Transit Number: _____ - _____ (branch -5 digits; FI - 3 digits)

Bank Address: _____

City/Town: _____ Province: _____ Postal Code: _____