

9921 Johnnycake Ridge Road Concord Twp., Ohio 44060 Phone: 440,354,7574

BEING CHRIST , EVERY DAY , EVERYWHERE

## **Tuition Payment Election Form 2014-2015**

Family Information (required)	<b>**PRINT IN CAPITAL LET</b>	TTERS**
Family Name:		
Street Address:	City:	Zip Code:
Home Phone:	Work #:	
Cell #1:	Cell #2:	
E-Mail Address:	Email #2:	
Child's Name:Grade:	Child's Name:	Grade:
Please Select Payment Option (A, B) an	d Payment Plan (Required)	
A. Transfer payments electronically from	my Checking Savings a	account on 5th or 20th
<b>B.</b> I want to drop off or mail my payments late fee will be applied each month for		
HECK Pay in Full—2% discount if paid in	full by September 10, 2014	Office Use Only
$\left\{ \Box 9 \text{ Month payments} - \text{September thr} \right\}$	ough May	<u>Rec'd :</u>
/RITE # OF Mom & Me -2 year olds (\$45/Month per c	hild) 3 year olds (\$90/Month per ch	ild) <u>Acct#:</u>
ROGRAM 4 year olds (3 day \$110/Month) -o	<b>R</b> - 4 year olds (4 day /\$135/Mo	onth) <u>Debit \$:</u>
HAT APPLY Pre-K—5 yr olds (4 day \$160/Month) -0	<b>R</b> - Pre-K—5 yr olds (5 day \$185,	/Month) Date of 1st Debit:
Name of Bank Institution:		
Address		
Nine Digit Routing Number		oided Check with this Form)
		,
I (we) hereby authorize St. Gabriel Learning Lo		tiate the transfer of payments electron-
ically from (our) Checking or Savings account	with institution listed above.	
	Date signed:	
Name(s)		
print name	signature	
print name	signature	