

Riverview School District #407

2014-2015 All Day Kindergarten & Daycare Registration

Student(s) Name Please Print: _____

All Day Kindergarten

Location of Service (please check): Carnation _____ Cherry Valley _____ Stillwater _____ Eagle Rock _____

Yearly Tuition: \$3,750 per student - Cost per month \$375 – Billed monthly September-June

Daycare

Location of Service (please check): Carnation _____ Cherry Valley _____ Stillwater _____

Please circle the level of service required

# of Days needed per week	AM & PM Care 6:30 am to start of school-end of school to 6:30pm		AM Care 6:30 am to start of school		PM Care end of school to 6:30pm		PM Daycare Kindergarten Until end of school-availability dependent on enrollment (10 student min)	
	One Student	Two Students	One Student	Two Students	One Student	Two Students	One Student	Two Students
1	\$190	\$343	\$116	\$208	\$116	\$208		
2	\$282	\$506	\$161	\$289	\$161	\$289	One Student	Two Students
3	\$331	\$595	\$180	\$326	\$180	\$326	\$349	\$627
4	\$362	\$651	\$201	\$362	\$201	\$362		
5	\$454	\$817	\$237	\$426	\$237	\$426		

Early Release Day Coverage: Vouchers for service are sold in 7 day blocks for \$105 per student-Prepayment is required

Late pick-up of your student: \$1 per minute, minimum charge \$15.

Emergency daycare: \$25 for each 3 hour block of time required

Payments are collected September-June and are due on the 5th or the 20th of each month or the closest business day thereof. Direct payment through the ACH process is required unless other arrangements are made with the Business Office. **Financial Responsibility:** I accept financial responsibility for payment of services rendered. Non-sufficient fund fees will be assessed if applicable. Students will be dismissed from the program if the current financial obligation is not met. I understand that a two week written advance notice is required for withdrawal from the program. Please fill out the attached ACH authorization form.

_____ Total Due per Month \$ _____

Parent/Guardian Signature

Date

ACH Authorization Form

I (we) hereby authorize the Riverview School District to initiate debit entries from my (our) account (select one) indicated below:

_____ Checking or _____ Savings

This debit will be for \$ _____ per month and will occur on (please check the date that best works for you): Please check payment date of choice:

__**5th** of each month (or closest banking day) **OR** __**20th** of each month (or closest banking day)

I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provision of U.S. Law. This authorization is to remain in full force from September thru August, or until written notification of change/termination is received by the Riverview School District.

Please attach a **VOIDED CHECK** here

OR

If you have a check on file and wish to continue using the same account information

Sign here _____

