

**Consumer Authorization for Direct Payment via ACH
(ACH Debits) KINDERGARTEN TUITION**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) hereby authorize **Immanuel Lutheran Church** to electronically debit my (our) account for tuition for (child's name) _____ (and, if necessary, electronically credit my (our) account to correct erroneous debits*) as follows:

Depository Name _____

Routing Number _____

Account Number _____

Checking Account _____ or **Savings Account** _____ (select one)

\$ Amount of debit(s) authorized: \$200.00 for 10 months

(circle one)

Date(s) and frequency of debit(s): **For 10 months beginning August. 2nd / 10th and every month on that date of the month ending in May (last payment).**

I understand that this authorization will remain in full force and effect until I (we) notify Immanuel Lutheran Church that I (we) wish to revoke this authorization or the term above expires. I (we) understand that Immanuel Lutheran Church requires at least (1 week) prior notice in order to cancel this authorization.**

Name(s) _____

(Please Print)

Date _____ **Signature(s)** _____

*The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

** Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization.

IMMANUEL LUTHERAN KINDERGARTEN
1001 Immanuel Lutheran Drive
Boonville, Missouri 65233
660-882-2208
REGISTRATION AND APPLICATION FORM 2018-2019

(Please print or type)

Name of Student _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip) (Home Phone)

Age _____ **Date of Birth** _____

Full Name of Father _____
(Cell Phone Number)

Employer _____
(Name) (Address) (Phone)

Full Name of Mother _____
(Cell Phone Number)

Employer _____
(Name) (Address) (Phone)

Names of brothers and sister and their respective ages:

_____ () _____ ()
age age
_____ () _____ ()
age age

Name of Home Church _____

Address _____ **Pastor** _____

To be completed by child care facility **Admission Date** _____

Discharge Date _____
(Form to be retained for one year after discharge)

PROMPTNESS IN RETURNING THIS APPLICATION may help with class placement.

We would like to encourage you to return this form at your earliest convenience. Enrollment is limited to 16 students. Applications will be numbered and dated as they are received. All applications will be reviewed prior to final admission to ensure that our kindergarten can fulfill the needs of the enrolling child.

Immanuel Kindergarten will follow the Boonville Public School schedule. Class will be Monday through Friday 8:00 a.m. – 3:00 p.m.

Fee schedule: \$100 refundable deposit included with this application. Checks will not be deposited until July, unless a request is made to deposit immediately. Tuition of \$200 is due each month beginning in August (Aug. 1, Sept.1, Oct. 1, Nov. 1, Dec. 1, Jan. 1 Feb. 1, March 1, April 1, May 1).

Children must be 5 years by August 1st *Front/Back*

**Immanuel Lutheran Kindergarten
QUESTIONNAIRE**

Name of Child _____ Nickname _____ Birthday _____

Birth Certificate Number _____ Social Security Number _____

Name of Parent(s) _____

Address _____ Phone _____

Cell Phone Numbers: _____
(Mom) (Dad)

E-mail address _____

Does your child have any handicaps: (if so, please explain) _____

Allergies: _____

Would you be willing to provide a car for field trips? _____
(Must be equipped with seatbelts)

Would your place of employment allow our kindergarten class to tour their facilities? Are you aware of any other place(s) to visit on our field trips?

Do your parents have any hobbies or talents that you would be willing to share with our class? (Explain)

Why do you wish to enroll your child in Immanuel Lutheran Kindergarten?

Names of two persons to contact in case of emergency (other than your own)?

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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Name of your child's doctor _____ Phone No. _____

Hospital Preference _____

In the event of an emergency where the parent(s) or persons listed in case of emergency cannot be reached, I hereby give my consent for my child to receive medical treatment as deemed necessary by attending physician.

(Signature of Parent or Guardian) Date _____

_____ has my permission to go on field trips during the school year.

(Signature of Parent or Guardian) Date _____