Golden Eagle Preschool

@ Grandview Christian School

12340 Grandview Road, Grandview, MO 64030
Phone: 816.767.8630 * Fax: 816.763.5029
Email: goldeneaglepreschool@grandviewchristianschool.com

Dear Parent/Guardian:

Thank you for your interest in Golden Eagle Preschool @ Grandview Christian School for the **2021-2022** school year.

If it is your desire to enroll your student(s) for this school year, all the forms listed below are required. These forms are also available for download from our school website (*www.grandviewchristianschool.com*). Just select Preschool Enrollment from the Admissions tab on the Home page and then click the Preschool Admission Packet link under the New Students heading.

- ☐ Payment of $60 Registration Fee *(per student; required **yearly** to hold student's spot in classroom)*
- ☐ $30 check for Application/Testing fee *(per student; required **yearly:** due at time of application)*
- ☐ Application for Admission *(per student; **new students only**)*
- ☐ Copy of Birth Certificate *(per student)*
- ☐ Copy of Social Security Card *(per student)*
- ☐ Current Immunization Records
- ☐ Debit Authorization Form ***OR*** Recurring Credit Card Charge Authorization Form *(if other than annual pay plan is desired)*
- ☐ $150 payment of half the Academic/Activity Fee *(per student; required **yearly**; this is the 1st half due on first day of school / 2nd half due January 1st)*

Please note that payment of the Registration fee will reserve a spot for your student(s); however, they are not officially enrolled until the full application process is completed and you have been advised of acceptance.

If you have any questions, please call 816.767.8630. You may also email me at the following address: *mjohnson@gcseagles.com*.

Sincerely,

GOLDEN EAGLE PRESCHOOL @ GRANDVIEW CHRISTIAN SCHOOL

Jessica Johnson

Jessica Johnson
Secretary

Golden Eagle Preschool

@ Grandview Christian School

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2021-2022 PRESCHOOL ADMISSION APPLICATION

Student Information

Date of Application: ____/____/____ **Class:** ☐ Pre-K ☐ Age 4 ☐ Age 3

Legal Name: _____, _____ _____ / _____
(Last) (First) (Middle) (Goes By)

Home Address: _____, _____, _____ _____
(Street) (City) (State) (Zip)

Home Phone Number: _____-_____-_____ **Primary Mobile Number:** _____-_____-_____

Gender: M F **Date of Birth:** ____/____/____ **Current Age:** _____ **SS #:** _____-_____-_____

Present/Previous School: _____
(Present School Name)

_____, _____, _____ _____ _____
(School Street) (City) (State) (Zip) (Phone)

Reason for Transfer: _____

Applicant's Home Church: _____ _____
(Name) (Denomination)

Applicant's Attend Church: Regularly | Frequently | Infrequently | Rarely | Never

Names/Ages of Siblings in Same Household: _____
_____

Circle appropriate answers below:

1. Has your student ever been prescribed medication for behavioral control by a doctor?.....YES NO
2. Has your student ever been tested, or referred for testing, for a learning disability?.....YES NO
3. Has your student received any other special help or tutoring?.....YES NO
4. Has your student ever had or been recommended to have counseling?.....YES NO
5. Is your student a runner?.....YES NO
6. Does your student regularly require any medication?.....YES NO

If YES, provide all details of medications on page 3 of this application.

7. Is your student toilet trained?.....YES NO
8. What languages are spoken in student's home? First: _____ Second: _____

Note: *If the answer to questions #1 through 6 is **YES**, provide explanation on last page of this application.*

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Race/Ethnic Background

The following information is required for state recording purposes. Please indicate which Ethnicity and Race you consider to best fit your student:

Ethnicity *(circle only one)*:

a. Hispanic/Latino/Spanish Origin

b. NON Hispanic/Latino/Spanish Origin

Race *(circle all that you consider to apply)*:

a. American Indian or Alaska Native b. Asian c. Black/African American

d. Caucasian e. Native Hawaiian or Other Pacific Islander

f. Other: _____ *(specify)*

NON-DISCRIMINATION POLICY – GOLDEN EAGLES PRESCHOOL @ GRANDVIEW CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. WE WELCOME STUDENTS OF ALL RACES AND NATIONALITIES WHO WILLFULLY SUBMIT TO THE STATEMENT OF FAITH.

Custody of Student

Student resides with *(circle one)*: Both parents | Mother | Father | Grandparent | Other _____ *(Specify Relationship)*

It is the intention of Golden Eagles Preschool @ Grandview Christian School to serve our students as best we can. In regard to custody of children, please realize that unless we have legal documentation regarding custodial arrangements, we cannot legally prevent any parent from picking up their child. All documents regarding custody are kept in the student's permanent file. If you have specific concerns, please contact the school office.

Parent/Guardian Information

Father/Guardian

Father's Name _____

Father's Address _____

Father's City, State, Zip _____

Father's **Home** Phone _____

Father's **Cell** Phone _____

Service Provider _____ *(required to receive text msgs)*

Father's Employer _____

Father's **Work** Phone _____

Father's Email Address _____ *(PRINT CLEARLY)*

Relationship (if other than Father): _____

Circle Status:

Married *(same residence)* Remarried Separated
Divorced Single *(never married)* Widowed

Mother/Guardian

Mother's Name _____

Mother's Address _____

Mother's City, State, Zip _____

Mother's **Home** Phone _____

Mother's **Cell** Phone _____

Service Provider _____ *(required to receive text msgs)*

Mother's Employer _____

Mother's **Work** Phone _____

Mother's Email Address _____ *(PRINT CLEARLY)*

Relationship (if other than Mother): _____

Circle Status:

Married *(same residence)* Remarried Separated
Divorced Single *(never married)* Widowed

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Emergency Information

The following information will be maintained in the classroom for easy access in the event of an emergency involving your student. It is important that all information is completed fully and printed legibly for use by emergency personal if/when necessary. *Attach additional sheets, if further detail needs to be provided.*

Student Name:	**Student's Date of Birth:**
Student's Home Address:	**Student's Home Phone:**
Father/Legal Guardian Work Phone:	**Mother/Legal Guardian Work Phone:**
Father/Legal Guardian Cell Phone:	**Mother/Legal Guardian Cell Phone:**
Physician:	**Dentist:**
Phone:	**Phone:**
Preferred Hospital:	**Date of Last Tetanus Shot:**
Health Insurance Provider:	**Physical or Medical Conditions** *(including Previous Operations or Serious Illnesses, as well as Hearing, Vision, or Speech loss or difficulties):*
Plan #: **Group #:**	
Policy/ID#:	
Policyholder Name & Relationship:	**Medications Taken on Regular Basis** *(include dosage and frequency):*
Attach copy of Insurance ID Card	
Allergies *(to Medications or Foods):*	**Special Dietary Restrictions:**

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Alternate Emergency Contact Information

In the event that we are not able to reach either parent, the individuals listed below will be contacted to assume responsibility for your student in an emergency. Persons listed below MUST be local.

1st Emergency Contact	2nd Emergency Contact
_____ Name	_____ Name
_____ Primary Phone	_____ Primary Phone
_____ Alternate Phone	_____ Alternate Phone
_____ Relationship to Student	_____ Relationship to Student

Emergency Medical Release

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

_____ / _____ _____ / _____

Father/Guardian's Signature / Date **Mother/Guardian's Signature / Date**

If the student lives with both parents, the release must be signed by both parents/guardians.

Authorized Pickup Persons

List ANY individual (aside from parents, guardians, & emergency contacts already listed on this Admission Application) that you authorize to pick up, or check out, your student with NO prior notification to office personnel.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Note: Please keep in mind that any individual picking up a student may be asked for a photo identification before the student is released to them, in the event that school personnel does not recognize them.

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Student Name: _____

Student Grade: _____

Enrollment Permissions

Please INITIAL each line to indicate a YES response, OR write 'NO' if you decline a particular statement

1. _____ I/we do give permission for my student's image to be reproduced in classrooms and promotional materials for Golden Eagle Preschool and Grandview Christian School *(including, but not limited to, school websites, school newsletters, school newspaper articles, memory books, bulletin boards, as well as public advertisements, etc)*

2. _____ I/we do want to receive e-mails from the school regarding activities and other important information *(i.e. lunch account reminder, special events, etc)* at my preferred e-mail address, which is:

   _____

   (list preferred family email address above, or emails cannot be sent)

3. _____ I/we give permission for my family's contact information to be visible to other Golden Eagle and GCS parents through the school's secure Sycamore Education portal, including the following, **unless** I have CROSSED them out: Home Address, Home Phone, Cell Phones, & Email Addresses

4. _____ I/we give permission for the school to administer over-the-count pain relievers *(according to package directions)* to my student for minor aches and pains and I understand that Golden Eagle Preschool, Grandview Christian School and its personnel assume or accept no liability for dispensing these medications:

   (Circle all approved pain relievers)

   Ibuprofen *(Children's Motrin/Advil)* ~ **Acetaminophen** *(Children's Tylenol)*

5. _____ I/we understand that we will need to complete a Medication Authorization form for ANY special medications *(i.e. inhalers, breathing treatments, asthma medications, allergy medications, epilepsy treatments, diabetic solutions, over-the-counter meds, etc)*, that I/we desire to be dispensed to my student during the school day and understand that all such medication must be received and retained in the school office.

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Extended Care Services Agreement

I/we agree to abide by the terms and conditions of the Extended Care plan that is selected below on this Admission Application in order for my Student to attend the Golden Eagle Preschool Extended Care Program.

_____ / _____ _____ / _____

Father/Guardian's Signature / Date **Mother/Guardian's Signature / Date**

If the student lives with both parents, the release must be signed by both parents/guardians.

Extended Care

Mark the appropriate boxes for the desired **Morning Care** and **After Care** plan, or the combination of the two. If you do not have the regular need for these services, select DAILY for each.

Morning Care

☐ **Weekly**
- **$25/week** *(whether the service is used or not)*
- Payment due at the start of each week

☐ **Daily**
- **$.75/per 15 minutes** *(or portion thereof)*
- Maximum daily charge is $6.00 *(if checked in at 6am)*
- Payment due as soon as they are charged to my Sycamore account each week

After Care

☐ **Weekly**
- **$25/week** *(whether the service is used or not)*
- Payment due at the start of each week

☐ **Daily**
- **$.75/per 15 minutes** *(or portion thereof)*
- Maximum daily charge is $7.50 *(if picked up at 6pm)*
- Payment due as soon as they are charged to my Sycamore account each week

OR

Combined Morning & After Care

☐ **Weekly**
- **$45/week,** *(whether the service is used or not)*
- Payment due at the start of each week

☐ **Daily**
- **$.75/per 15 minutes** *(or portion thereof)* ~ maximum daily charge is $6.00 *(if checked in at 6am)*
- Maximum daily charge is $13.50 *(if checked in at 6am and picked up at 6pm)*
- Payment due as soon as they are charged to my Sycamore account each week

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Additional Services & Special Conditions

- **Early Dismissal** *(when school is dismissed at noon)* ~ $15.00/day, for 1st student; $22.00/day for 2 students; $25.00/day for 3 or more students; discount will apply to those on any of the Weekly plans.
- **Full Day** (when school is NOT in session) *[i.e. snow days or special breaks]* ~ $25.00/day, for 1st student; $39.00/day for 2 students; $45.00/day for 3 or more students; discount will apply to those on any of the Weekly plans.
- A $1.00/minute surcharge, per family, will apply any time that student(s) are not picked up (and signed out) by 6:00pm. A **'late pick-up'** invoice will be given to you by the extended care teacher at the time of pick-up. Payment for the late pick-up is due in the school office by the following week.
- Child care during **special break times** *(i.e. Spring break, Thanksgiving break, Christmas break, etc)* will be provided on a sign-up basis only and is subject to an attendance minimum of 4 families. If care is needed during these times, you must contact the office at least 10 business days ahead of time to reserve a spot for your student.

Parent/Guardian Agreement

Initial Each Statement Below to Acknowledge Your Agreement of Each

1. _____ I/We have read the Parent/Student Handbook and are in agreement with the Purpose, Philosophy and all rules of Golden Eagle Preschool @ Grandview Christian School.

2. _____ I/We acknowledge the mission of Golden Eagle Preschool @ Grandview Christian School and I/we agree that our student may participate in the Christ-centered curriculum, including weekly chapel services

3. _____ I/We understand and agree to enforce the dress code. We also understand that if our student(s) wears inappropriate clothing to school that consequences will be given according to the Parent/Student Handbook.

4. _____ I/We give Golden Eagle Preschool @ Grandview Christian School permission for my student to take part in all school activities, including field trips, bus trips, and any other school-sponsored trips away from the school premises, understanding that I will typically be given at least one week advance notice and that the school will provide adequate supervision to ensure the safety of all students.

    a. _____ I/We understand that although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. Additionally, I/we understand that there are risk/dangers involved with participation in off-campus trips and their associated activities. In consideration of my student being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with travel and activities.

    b. _____ I/we agree to hold harmless Golden Eagle Preschool and Grandview Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

5. _____ I/We agree that, in the event of an emergency illness or accident, the school has our permission to administer medication and/or medical assistance as necessary. If charges are incurred for medical attention, I agree to be responsible for any/all of those expenses.

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6. _____ I/We agree that in the event my student runs a fever (100 or higher), or throws up, I will pick up my student and keep him/her out of school for a period of not less than 24 hours, after the fever has broken (or the last time he/she threw up).

7. _____ I/We give permission to my student's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

8. _____ I/We agree to hold the school and its agents harmless for the liability of my student or any guardian or parent thereof from any claims on behalf of my student against the school or any agent thereof because of any injury or alleged injury to my student.

    a. _____ Furthermore, should legal action, for any reason, be taken against the school or any employee or agent thereof, on my student's behalf, and the school or its agent not be found at fault, I/we agree to pay any attorney fees, court fees, damages or other costs that Golden Eagle Preschool and Grandview Christian School or its agents should incur to defend itself against such action.

9. _____ I/We agree to guarantee payment of this student's school expenses, understanding the following:

    a. _____ I/We agree to pay the annual enrollment fees (per student) before the student is allowed to start school at Golden Eagles Preschool @ Grandview Christian School and I understand that these fees are fully earned and non-refundable. This includes the Application Fee, Registration Fee, and the Academic/Activity Fee.

    b. _____ I/We agree to pay the annual tuition at the start of the student's school year, or to pay through the automatic debit or recurring credit card payment program with 10 equal monthly payments, unless another form or frequency of payment is agreed upon at the time of registration.

        i. _____ I/We understand that the tuition for August is due by August 1st and that tuition for succeeding months must be paid by the 1st of each month thereafter, unless another due date is agreed upon at the time of registration.

        ii. _____ I/We understand that a late payment fee of $20.00 will automatically apply for each tuition payment that is not received by the agreed upon due date and that to avoid late fees, arrangements must be made with the GCS financial secretary prior to the scheduled due date.

    c. _____ I/We agree to pay all **'weekly'** extended care fees, based on the applicable signed agreement, at the start of each week via the method of payment agreed at registration.

        i. _____/We understand that, in addition to the 'weekly' extended care rate, a $5.00/day fee will apply to each early dismissal day that my student is present for and a $15.00/day fee will apply to each 'full' day (snow day) and that this amount is due by the first of the week following the early dismissal or full day care.

        ii. _____ I/We understand that a late fee of $1.00/minute, in addition to the 'weekly' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.

    d. _____ I/We agree to pay all **'daily'** extended care fees, based on the applicable signed agreement, as soon as they are charged to my Sycamore account each week, via the method of payment agreed at registration.

        i. _____ I/We understand that, in lieu of the 'daily after care rate, a $15.00/day fee will apply to each early dismissal day that my student is present for and a $25.00/day fee

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will apply to each 'full' day (snow day) and that this amount is due by the first of the week following the early dismissal.

ii. _____ I/We understand that a late fee of $1.00/minute, in addition to the 'daily' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.

e. _____ I/We understand that a service fee of $20.00 will automatically apply for ANY payment via check or automatic bank debit that is returned by your bank, no matter the reason and that replacement funds for the amount of the returned item, plus the $20 service fee, is immediately due and payable via guaranteed funds, such as cash, certified check, money order, or credit/debit card.

10. _____ I/We agree to provide the school with up-to-date health and immunization records, as required by Missouri law and school policies, before he/she is granted admittance.

11. _____ I/We agree to provide a copy of my student's birth certificate, before he/she is granted admittance.

12. _____ I/We agree to provide a copy of my student's Social Security Card, before he/she is granted admittance.

13. _____ I/We agree and understand that should school administration determine that our student does not adjust to Golden Eagle Preschool and/or the school is unable to provide the special needs my student may require, our enrollment agreement with Golden Eagle Preschool will be terminated.

a. _____ I/We understand that this includes any behavioral and/or learning difficulties that disrupt other students.

14. _____ I/We agree and understand that if my student is withdrawn and/or un-enrolled for any reason, or transfers to another school at any time, their records will not be released to anyone until the account is paid in full.

a. _____ I/We further acknowledge and accept that if student is withdrawn by the 6th day of the month, only 50% of the tuition will be due for that month, but if withdrawn on the 7th day (or later) of any month, tuition will be charged for the entire month. Note: 100% of all prior months will also be due.

b. _____ I/We further acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, suspension, etc., nor are there any credits or refunds for distance/online learning that is implemented for health and/or safety reasons.

15. _____ I/We understand that the Golden Eagle Preschool's primary means of communication is through the Sycamore Education online portal, to which I/we will be granted personal access, and I/we agree to login to the portal at least once per week for important notices and/or communications from the school, teachers and its representatives, as well as access to my student's lunch and childcare accounts.

Signature of Parent/Guardian	*Date*	*Signature of Parent/Guardian*	*Date*

Note: If student resides with both parents, both signatures are required.

~Please continue on back side for final page~

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Tell us how you heard about Golden Eagle Preschool

- ☐ Directory Assistance *(Calling 411)*
- ☐ Driving by School or Signage
- ☐ Education Fair
  - Location of Fair: _____
- ☐ Newspaper Ad or Article
  - Name of publication: _____
- ☐ Radio Advertisement
  - Radio station: _____
- ☐ Personal Reference
  - Please provide their information, in the event they may be eligible for a *referral discount* on their tuition.
  - Name: _____
  - Relationship: _____
- ☐ Website Search
  - General Google search
  - www.privateschoolreview.com
  - www.greatschools.org

Additional Details (from page 1)

_____

_____

_____

_____

_____

For Office Use Only

- ☐ Visit Date: _____
- ☐ Approved for Attendance: _____
- ☐ Admission App Received: _____
- ☐ COVID Release: _____
- ☐ Birth Certificate Received: _____
- ☐ Social Security Card Received: _____
- ☐ Immunizations Received: _____
- ☐ Records Release Received: _____
- ☐ Prior Records Received: _____
- ☐ Application Fee Received: _____
- ☐ Registration Fee Received: _____
- ☐ Academic/Activity Fee Received: _____
- ☐ Payment Authorization Received: _____
- ☐ Sycamore Account Added: _____
- ☐ Sycamore Access Activated: _____
- ☐ Messaging Enabled: _____

Grandview Christian School & Golden Eagle Preschool

12340 Grandview Road, Grandview, MO 64030 (816)767-8630 FAX (816)763-5029
www.grandviewchristianschool.com

2021-22 Auto Bank Debit Authorization Form

I hereby authorize Grandview Christian School (GCS) to initiate debit entries and, if necessary, credit or debit adjustments for any entry made in error to my account (identified below) and the financial institution named below, hereinafter called DEPOSITORY, to debit (or credit) the same to such account. I understand that a $20.00 fee will be assessed for any debit transaction that is not honored by my bank and that the returned debit will not automatically be presented a second time.

This authority is to remain in full force and effect until GCS has received the full tuition costs for the **2021-2022** school year, or until GCS has received written notification from me of its termination in such time and in such manner as to afford GCS and DEPOSITORY a reasonable opportunity to act on it.

Account Details

~Please Print Legibly~	Accountholder Name as Shown on Bank Account	Accountholder's SSN #
Primary Accountholder:		
Secondary Accountholder:		

Name of Financial Institution *(Bank)*	Customer Phone Number	Customer Email Address

Bank ACH Routing #	Bank Account #

IMPORTANT Circle type of account: Checking Savings **IMPORTANT**

Primary Accountholder's Signature	Secondary Accountholder's Signature
X	X

Name of Student(s):	

Recurring Debit Details

SELECT DEBIT FREQUENCY: ☐ Monthly ☐ Semi-Monthly ☐ Other *(specify):* _____

SELECT DEBIT DATE(s): 1st 5th 10th 15th 20th 25th 30th
(circle applicable dates above)
Or enter other debit date(s) _____ *(pre-approval required)*

Amount of Tuition to Debit	Amount of Extended Care to Debit	Amount of Lunch to Debit	Misc Items to Debit	Total Debit
$	$	$	$	$

Start Date of Debit:		End Date of Debit:	

Cust ID: _____

~Continued on Reverse Side~

Tape voided check here

Initial appropriate boxes below:

☐ I authorize credits to my account, as necessary *(i.e. corrections)*

☐ **CHANGE** – Change of financial institution and/or account number
Instruction: Complete Account Details section on front side & attach new voided check above

☐ **CANCEL** – Stop my participation in the program
Instruction: Complete Account Holder & Names of Students on front side and sign below to CANCEL all debits after date indicated here: _____

Cancellation Request

Primary Accountholder's Signature	Secondary Accountholder's Signature
X	X

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2021-22 Recurring Credit Card Authorization Form

I hereby authorize Grandview Christian School (GCS) to initiate a charge transaction against the credit card designated below and, if necessary, credit or debit adjustments for any entry made in error to the credit account. I understand that if the charge does not process successfully on the day that is designated on this form, it will be processed again on the following business day. If it still does not process successfully at that time, a $20.00 late fee may be assessed. This applies to all recurring payments that are not successful on their scheduled due date.

This authority is to remain in full force and effect until GCS has received the full tuition costs for the **2021-2022** school year, or until GCS has received written notification from me of its termination in such time and in such manner as to afford GCS a reasonable opportunity to act on it.

Account Details

~Please Print Legibly~	Name as Shown on Credit/Debit Card	Customer Email Address
Cardholder Info:		
Billing Address as Shown on Statement		Customer Phone Number

Credit Card #	Expiration Date	CSV Code

IMPORTANT Circle type of card: Visa Mastercard Discover Amer Exp **IMPORTANT**

Cardholder's Signature
X

Name of Student(s):	

Recurring Charge Details

SELECT CHARGE FREQUENCY: ☐ Monthly ☐ Semi-Monthly ☐ Other *(specify):* _____

SELECT CHARGE DATE(s): 1st 5th 10th 15th 20th 25th 30th
(circle applicable dates above)

Or enter other charge date(s) _____ *(pre-approval required)*

Amount of Tuition to Charge	Amount of Extended Care to Charge	Amount of Lunch to Charge	Misc Items to Charge	Total Charge
$	$	$	$	$

Start Date of Charge:		End Date of Charge:	

Cust ID: _____

~Continued on Reverse Side~

Initial appropriate boxes below:

☐ I authorize credits to my account, as necessary *(i.e. corrections)*

☐ **CHANGE** – Change of credit card account number
Instruction: Complete Account Details section on front side

☐ **CANCEL** – Stop my participation in the program
Instruction: Complete Account Holder & Names of Students on front side and sign below to CANCEL all charges after date indicated here: _____

Cancellation Request

Cardholder's Signature
X