



Student(s) Name: _____



Start Date: _____ Rate: _____ Rate: _____

Contract for Service

Life's Little Blessings agrees to provide care and education for my child and I have read and agree to comply with the terms of the contract as outlined below:

- _____ Registration/supply fee is due upon admission.
- _____ 1st week's payment is due on the first day of care.
- _____ Paying tuition fees at LLB is a guarantee of space and is not contingent upon your child's actual attendance .
- _____ LLB requires a two-week advance notice of withdrawal. If a child is withdrawn without proper notice, a penalty equal to one week's tuition will be charged to your account.
- _____ If your account is left with a balance, LLB has the right to withdraw from your account until balance is paid in full.
- _____ If on your due date; your payment is not paid, you will be charged a * **late fee of \$25.**
- _____ If your payment is returned insufficient, you will be charged a ** **\$30 NSF fee.**
- _____ *** **Late Pick up Fees.** Field trip fees, snack charges or any other fees that have not been paid in person will be automatically withdrawn from your account until balance is paid in full.

Recurring Payment Authorization Form

Authorize ACH Debits/Credits

I/We _____ Authorize Life Tabernacle dba Life's Little Blessings, to initiate debit entries and to initiate, if necessary credit entries and adjustments for debit/credit entries in error to my/our () **Checking** () **Savings Account** () **Credit Card** indicated below at the depository (bank, savings and loan, credit union, etc.) named below, hereafter called the DEPOSITORY, to debit and/or credit the same account.

Please complete the information below:

Registration: \$_____ paid on:_____ Supply Fee: \$_____ paid on:_____

Rest/Nap Mat: \$_____ paid on:_____ Other: \$_____ paid on:_____

One time debit on the 3rd of each month \$_____ beginning _____ through _____, inclusive
Month/Year Month/Year

Bi-Monthly-Every 3rd and 18th \$_____ beginning _____ through _____, inclusive
Or 5th and 20th Month/Year Month/Year

Weekly-Every Mon or Fri \$_____ beginning _____ through _____, inclusive
Month/Year Month/Year

Checking/Savings Account: Account Type: Checking Savings

Name on Acct: _____ Name of Bank: _____

Bank Account # _____ Bank Routing # _____

Credit Card Account Info: Visa Master Card Other: _____

Credit Card # _____ Expiration Date: _____ Security Code: _____

SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____