

# Alliance After-School Care Agreement

	1st Child	2nd Child	3rd Child
August	<b>FREE</b>	<b>FREE</b>	<b>FREE</b>
Sept-May	\$115	\$85	\$85
June	<b>FREE</b>	<b>FREE</b>	<b>FREE</b>

Each Additional Child receives a 26% Discount  
Full and Partial Scholarships Available

**A 10\$ one time credit for Direct Draft Election. Draft can be set for the 1st or 15th of the month.**

All payments are due on the 1st day of the month.

Payments received after the 5th workday of the month are subject to a 10% late fee.

All balances must be paid by the 8th workday of the month or your child(ren) will be withdrawn.  
MONTHLY FEES WILL NOT BE PRORATED FOR HOLIDAYS, ILLNESS, OR SUSPENSIONS.

**PAYMENT METHODS:** Payments that are mailed must be received by the 5th workday of the month. Payments made after hours may be placed in the drop box at the front door of the building.

I understand and agree with the payment schedule listed above.	
_____ Parent or Guardian Signature/ Date	_____ _____
_____ School Name	_____ Children's Names

**Sign up below to receive your \$10 credit today!**

### Bank Draft Form

I (we) hereby authorize Alliance for Women & Children to initiate entries to my checking/savings accounts at the financial institution listed below ( THE FINANCIAL INSTITUTION), and if necessary, initiate adjustment for any transactions credited/debited in error. I ( we) authorize a returned payment fee of \$20 to be debited from my account as needed. This authority will remain in effect until the Alliance is notified by me (us) in writing to cancel it in such time as to afford the Alliance and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) have attached a voided check to verify my account information.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date to begin(month/day/year)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
Set Amount

\_\_\_\_\_  
Maximum Amount

\_\_\_\_\_  
Monthly Date of Withdrawal (or Monday after if date falls on a weekend)

\_\_\_\_\_  
Checking/Savings Account Number

\_\_\_\_\_  
Financial Institution Routing Number between these symbols 1: :1 on of check)

