

Mail completed form to:
 Keri Layman
 Christ Lutheran Church
 2314 East Main St.
 Bexley, OH 43209



Fax completed form to:
 614/ 235-2003

Tuition Enrollment and Authorization Form

Complete This Section for ALL Enrollments: (Please print)

Parent's Last Name	Parent's First Name	Middle Initial
Mailing Address	City	State
Home Telephone Number	Work Telephone Number	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		

Name of Institution Receiving Tuition Payment Christ Lutheran Church DBA Christ Lutheran Children's Center	Street Address 2314 East Main St.
City Bexley	State OH
	ZIP Code 43209
Full-Day Payment Options: Start Date Aug 24 - June 8 _____ 42 - Weekly payments of \$ _____ due every Monday _____ 21 - Bi-weekly payments of \$ _____ (Monday) _____ 9 - Monthly payments of \$ _____ due the 1st of each month _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).	Part-Day Payment Options: (Circle Option) Start September 4-May 25 T/TH \$150/Monthly-9 \$450/Semester (9/1, 12/1, 3/1) \$1350/SchoolYear MWF \$210/Monthly-9 \$630/Semester (9/1, 12/1, 3/1) \$1890/School Year M-F \$280/Monthly-9 \$840/Semester (9/1, 12/1, 3/1) \$2520/ School Year _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).

CREDIT CARD	Please charge my Tuition to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

CHECKING / SAVINGS	Please debit my tuition from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
		Account Number: _____
	I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

