

Temple Emanuel Early Childhood Development Center

Agreement/Payment Plan Form

55 PA Code Chapters 3270.123 & 181(c); 3280.123 & 181(c)

CHILD'S NAME		ADMISSION DATE	
FEE AMOUNT per month <input type="checkbox"/> <b>\$220</b> 2 sessions/week <input type="checkbox"/> <b>\$365</b> 4 sessions/week <input type="checkbox"/> <b>\$280</b> 3 sessions/week <input type="checkbox"/> <b>\$450</b> 5 sessions/week		DISCOUNTS <input type="checkbox"/> 10% Temple Emanuel membership discount <input type="checkbox"/> 10% Sibling discount <input type="checkbox"/> 20% ECDC Educator discount	
		SCHOLARSHIP <input type="checkbox"/> Jewish Federation EIF <input type="checkbox"/> Rost Family Scholarship	
CHILD'S ARRIVAL TIME <b>9:00 AM</b>	CHILD'S DEPARTURE TIME <b>11:30 AM</b>	PERSONS DESIGNATED BY PARENT TO WHOM CHILD CAN BE RELEASED – <b>See emergency form on file.</b>	
Tuition charges will be deducted on the 15 <sup>th</sup> of the month for the previous month starting on November 15, 2021 and for eight months through June 15, 2022. Tuition will be charged at 75% of the regular rate for any day/s on which school is closed for COVID-19 related reasons. The parent must give written notice of school withdrawal and is responsible for any charges accrued up to the end of the month when notice is given.			
I, the parent/guardian;  <input type="checkbox"/> Received complete written program information at the time of enrollment.  <input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum.			
Signature-Parent or Guardian		Date	
Signature-Director		Date	

## Payment Plan-ACH Direct Debit

8 payments on 15th of month for previous month starting November 15, 2021 for October 2021

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### ACH Direct Debit Authorization

I (we) authorize Temple Emanuel to initiate debit entries to my (our) checking/savings account on the 15th of the month. Please provide a voided check.

Checking Account

Savings Account

**Account Holder Name** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Bank Transit Routing # (9 Digits)**    \_ \_ \_ \_ \_

**Bank Account # (10 Digits)**    \_ \_ \_ \_ \_

**Account Holder's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_