



### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name		Director's Name and Taylor Winberry	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List Contact information below of where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Name.	Parent 2 Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the <b>name, address, and phone number</b> of the responsible individual to <b>call in case of an emergency</b> if parents/ guardian cannot be reached			Relationship
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Initial Next To All That Apply:	Consent Information
<b>1. Transportation</b>	
I give consent for my child to be transported and supervised by the operation's employees:	
_____ for emergency care	_____ on field trips
_____ to and from home	_____ to and from school

### 2. Field Trips

\_\_\_\_\_ I give consent for my child to participate in field trips.

\_\_\_\_\_ I do not give consent for my child to participate in field trips.

**3. Water Activities**

I give consent for my child to participate in the following water activities:

☐ water table play    ☐ sprinkler play    ☐ splashing/wading pools    ☐ swimming pools    ☐ aquatic playgrounds

**4. Receipt of Written Operational Policies (Check All that Apply)**

I acknowledge receipt of the facility's operational policies, including those for:

☐ Discipline and guidance    ☐ Procedures for release of children  
☐ Suspension and expulsion    ☐ Illness and exclusion criteria  
☐ Emergency plans    ☐ Procedures for dispensing medications  
☐ Procedures for conducting health checks    ☐ Immunization requirements for children  
☐ Safe sleep    ☐ Meals and food service practices  
☐ Procedures for parents to discuss concerns with the director    ☐ Procedures to visit the center without securing prior approval  
☐ Procedures for parents to participate in operation activities    ☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

**5. Meals**

I understand that the following meals will be served to my child while in care:

☐ None    ☐ Breakfast    ☐ Morning snack    ☐ Lunch    ☐ Afternoon snack    ☐ Supper    ☐ Evening snack

**6. Days and Times in Care**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	<b>X</b>	<b>X</b>
Sunday	<b>X</b>	<b>X</b>

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

**Child's Additional Information Section**

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**School Age Children**

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Admission Requirement**

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Requirements for Exclusion**

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**Vision Exam Results**

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				<input type="radio"/> Pass	<input type="radio"/> Fail
Left				<input type="radio"/> Pass	<input type="radio"/> Fail
<p>_____ Signature</p> <p>_____ Date Signed</p>					

**Vaccine Information**

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

#### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

#### TB Test (If Required)

☐ Positive ☐ Negative Date: \_\_\_\_\_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed



## Parental/Guardian Agreement with Kids 'R' Kids of Lake Conroe

1. Kids 'R' Kids of **Lake Conroe** agrees to provide child care for \_\_\_\_\_ on M – Tu – W – Th – F from \_\_\_\_\_ am to \_\_\_\_\_ pm. Child's Full Name
2. I agree to pay the tuition fee of \$ \_\_\_\_\_ as designated by the school. Payment will be due on **Friday's for week ahead.**
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_ . I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: \_\_\_\_\_ .
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_ .
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. If child is of school age, what school does he/she attend: \_\_\_\_\_ .
11. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip.
12. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
13. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 100 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
14. I understand that Kids 'R' Kids of Lake Conroe a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
15. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.
16. If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.
18. Parents will provide a copy of child's shot records.

**I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date

## Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

_____ Child	_____ Age	_____ Date
_____ Family Member or Guardian	_____ Relationship	_____ Date



## Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

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I, the undersigned parent or guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Director (or designated staff member): \_\_\_\_\_

Distribution: One copy to parent or guardian, signed copy to be kept with child's facility records

**Distribution**

- Infant/Toddler Classroom Log
- Preschool/School-Age Classroom Log
- Kitchen Log
- Laminated Signs
- Child's File

## ALLERGY/DIETARY RESTRICTION FORM

*\*Must attach treatment plan per doctor*

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Allergy    ☐ Dietary Restriction    ☐ Religious Preference

Description of Allergy/ Dietary Restriction/Religious Preference: \_\_\_\_\_

Please check the following Symptoms of Allergic Reaction:

- ☐ Mouth: Itching and swelling of lips, tongue or mouth
- ☐ Throat: Itching and/ or sense of tightness in the throat, Hoarseness; hacking cough
- ☐ Skin: Hives itchy skin rash and/or swelling around the face, arms, or legs
- ☐ Stomach: Nausea, abdominal cramps, vomiting, diarrhea
- ☐ Lung: Shortness of breath; repetitive coughing
- ☐ Heart: Pale, Blue, faint, weak, pulse, or dizzy
- ☐ Other: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ (Physician's Office Stamp)

Prescription #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids of Lake Conroe, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

a. use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;

b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of KRK

c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation Twitter, Facebook or YouTube, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below, and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto, and shall be governed in accordance with the laws of the State of Georgia.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Tuition Policy

PLEASE INITIAL EACH POINT

- ☐ Tuition is billed on weekly basis and always due Friday before the week of service.
- ☐ If your child is absent, full tuition is due.
- ☐ **A \$35 late payment will be applied to your account with an unpaid balance as of close of business on Monday.**
- ☐ Full tuition is due on holiday week.
- ☐ Full time enrollments receive one free week of vacation after a year of enrollment. This tuition adjustment must be notified to administration in writing at least two weeks prior and any balance needs to be paid prior.
- ☐ Families out on vacation, or out for general illness that have not taken care of tuition previously will still be charged the appropriate late fee.
- ☐ Late fee charges cannot be waived for any reason.
- ☐ Any account exceeding the amount of two weeks tuition will be suspended. Full balance and future tuition must be paid in advance before service can continue.
- ☐ Automatic withdraw (ACH) will be charged on Friday mornings.
- ☐ An annual enrollment fee of \$125 will be collected in August of each year.
- ☐ **A two (2) week written notice is required via email to [info@kidsrkidslakeconroe.com](mailto:info@kidsrkidslakeconroe.com). Kids 'R' Kids of Lake Conroe reserves the right to charge for two (2) weeks tuition if you withdraw your child without a proper written notice.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/DirectorSignature: \_\_\_\_\_

Date: \_\_\_\_\_



## Center Policies

1. Kids 'R' Kids of Lake Conroe is open Monday thru Friday from 6:30 a.m. to 6:30 p.m. The School is closed on the following holidays: President's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day. If the holiday falls on a Sunday, we will be closed on the following Monday.
2. We follow Conroe ISD policy regarding weather policies and/or delayed opening times.
3. To ensure safety, the first time a person picks up your child, they must show identification.
4. Please send your child to school dressed comfortably and prepared to work and play hard. Please provide extra clothes to keep at the school at all times. Label all items with your child's first and last name. **All children must wear closed toe shoes.**
5. We provide training cups and table food. You will have to provide diapers, wipes, formula, specific baby food, and extra clothes for your child. If you would like to provide your own bedding or bibs, you will be responsible for your laundering. Our infant room has a comfortable place to enable a mother to breastfeed. Parents who provide training cups and are responsible for taking them home every day to clean.
6. We are required to provide a supervised sleep or rest period after lunch each day formula, specific baby food, and extra clothes for your child. If you would like to provide your own bedding or bibs, you will be responsible for your laundering. Our infant room has a comfortable place to enable a mother to breastfeed. Parents who provide training cups and are responsible for taking them home every day to clean.
7. We have separate age-appropriate playgrounds. Children are outside for at least 30 minutes each morning and afternoon, weather permitting. Fresh drinking water is available on each playground. Playground schedules are posted in each classroom.
8. If your child rides the bus in the morning, please have your child at our school by 7:20 a.m. If you plan to pick up your child at the Elementary School, a phone call to Kids R Kids of Lake Conroe is required. No phone call will result in a \$20.00 Fee.
9. When the elementary schools have a holiday and the children are at Kids 'R' Kids for the entire day, an extra \$35 is charged per day for each child.
10. We cannot accept students after 10 am (without a doctor's note) as it may disrupt the classroom schedule for the remainder of the day.



11. We serve breakfast from 6:30 a.m. to 8:00 a.m.
12. Parents are required to provide immunization records and update as required.
13. If your child has any allergies, please pick up an allergy form at the front desk for the doctor to fill out.
14. Hearing and Vision Screening: When your child turns 4 yrs. old, the Health Department in conjunction with the School District requires all children to participate in a Hearing and Vision Screening. You may choose to do this through your Pediatrician or we will be setting up a screening here at the center for your convenience.
15. Children are to not have any medication (prescribed or non-prescribed) in their belongings inside the classroom. **Parents are to fill out medication authorization forms with an end date and must bring the medication home upon that end date.**

### SIGN-IN & OUT AGREEMENT

Under Section 746.603 of the Texas Department of Family and Protective Services we are required to maintain Sign-in and Sign-out logs. Kids R Kids uses Procure system to maintain these records. This means that every person(s) picking up or dropping off will have to use the computer in the front lobby to sign their children in and out each day. If you are unsure how to use this please ask someone at the front desk to teach you. Also we use Procure Messaging and e-mails to communicate with parents. If you have not submitted your e-mail address please do so today so that we can get distribution list up and going. Thank you very much for your help and cooperation as we strive to improve in the communication department.

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Childs Name

---

Parent/Guardian Name

---

Signature

---

Email

---

Date



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of

