



Fall, 2019

Dear Parents:

Welcome to School Age Adventures! **Please remember these important dates:**

06/3/19 – 6/14/19	Enrollments accepted via U.S. Mail ONLY – <i>Postmarked no earlier than 06/03/19.</i>
06/15/19-Forward	Enrollments accepted via U.S. Mail, in-person or fax at 603-882-8045. <i>We do not accept emailed enrollments.</i>
07/31/19	Last day to request a refund of tuition deposit. <i>Registration fee is non-refundable,</i>
08/1/19-Forward	Tuition deposits are no longer refundable.
08/16/2019	Registrations close for Nashua and Hollis.
08/23/2019	Registrations close for all Litchfield, Merrimack, Mont Vernon and Wilton/Lyndeborough.

FIRST DAY OF SCHOOL

Grade 1+ Students

Kindergarten Students

Nashua:	August 26, 2019	September 3, 2019
Hollis:	August 29, 2019	August 29, 2019
Wilton/Lyndeborough:	August 29, 2019	August 29, 2019
Litchfield:	September 3, 2019	September 3, 2019
Merrimack:	September 3, 2019	September 3, 2019
Mont Vernon:	September 3, 2019	September 4, 2019

IMPORTANT REMINDERS

PLEASE READ ALL DOCUMENTS BEFORE REGISTERING YOUR CHILD SO YOU ARE UP TO DATE ON ALL POLICIES AND PROCEDURES. THANK YOU.

- **Enrollments are accepted on a first come, first served basis.** To secure your child’s spot, all documents and fees listed on the attached *“Enrollment Checklist”* must be submitted at the time of registration. Incomplete packets will not be processed.
- **Prior participation does not guarantee your child’s spot for the new school year.** *Everyone must reapply, every year.* A new enrollment packet must be filled out and submitted with all required items on the *“Enrollment Checklist”* to be eligible for our program.
- **No changes may be made to your child’s schedule during the first two weeks of participation.** After the initial two weeks, changes may be made with a one week’s notice, (subject to availability).

- **Many programs fill up quickly.** Part-time spots are limited at each program. If you are in need of care for the new school year, do not delay registration or your child may be placed on a wait list.
- Registrations received after the closing dates listed above may be required to start the program during the second week of school (subject to availability).

WHAT HAPPENS AFTER SUBMISSION OF YOUR ENROLLMENT PACKET?

- Enrollment packets are received, date stamped and reviewed for completeness by our office.
- Incomplete packets will not be processed. Our office will provide one courtesy call advising what items are missing. The packet will be sent back to you via U.S. Mail should we not hear back within 3 days of our courtesy call. This may result in your child being wait-listed.
- Completed enrollment packets are processed and confirmations letters sent via U.S. Mail within 7-15 business days. Your patience in receiving your confirmation letter is appreciated.
- Refunds of initial two week tuition deposit (minus the non-refundable registration fee) are issued only if you cancel on or before July 31, 2019. *After July 31, 2019, tuition deposits are non-refundable, regardless of whether or not your child attends.*
- “*School Age Adventures 2019– 2020 Family Handbooks*” will be available at the programs during the first week of school.

Your feedback is important to the success of our program. Please call me at 882-9080 x 2242 if you have any concerns. For more information, visit our website at nashuaalc.org.

Sincerely,

Lois Parsons

Adventure Club Coordinator



2019 – 2020 ENROLLMENT CHECKLIST

The below items are required to complete your child's enrollment:

- Enrollment / Emergency form (completed and signed)
- Tuition Agreement (signed)
- Tuition Express payment agreement form (completed and signed)
- New copies of your child's immunization records and annual physical (required)
- Child Reunification - Release form
- Registration Fee of \$60.00 per family (non-refundable)
- Two (2) weeks tuition

*** If your enrollment packet is received incomplete:** Our office will provide one courtesy call advising what items are missing. The packet will be sent back to you via U.S. Mail if we do not hear back within 3 days of our courtesy call. This may result in your child being wait-listed.

TO AVOID DELAY OF YOUR CHILD'S ENROLLMENT, PLEASE INCLUDE ALL ABOVE LISTED ITEMS BY THE REQUIRED DUE DATE.

TUITION RATES*

	Kindergarten Students			Grade 1+ Students		
Weekly: <i>(Full-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 70.00	\$ 100.00	\$ 150.00	\$ 70.00	\$ 95.00	\$ 145.00
Daily: <i>(Part-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 14.00	\$ 22.00	\$ 36.00	\$ 14.00	\$ 20.00	\$ 34.00

Sibling Discounts

A fifteen percent (15%) discount is extended to families with multiple students attending our program full-time (*5 days per week, Monday through Friday*). The 15% discount is applied to the older child's weekly tuition. Discounts do not apply to students attending part-time (*less than 5 days per week*).

PLEASE SEE SERVICE LOCATIONS AND PROGRAMS OFFERED ON THE BACK OF THIS FORM.

*Tuition rates do not include annual \$60.00 per family annual registration fee.

Please make checks payable to "Nashua Adult Learning Center" and mail to: Nashua Adult Learning Center
4 Lake Street
Nashua, NH 03060
ATTN: School Age Care

Questions? Call 603/882-9080 x2212 for more information.



LOCATIONS AND PROGRAMS

Not sure what programs are offered at your child's school? Here's a list of our service locations and programs offered:

Hollis Schools

Location	Morning Program	Afternoon Program
Hollis Primary School*	Yes	Yes
Hollis Upper Elementary*	Yes	Yes

*Morning programs are combined and meet in the cafeteria at the Upper Elementary.

Litchfield Schools

Location	Morning Program	Afternoon Program
Griffin Memorial School	Yes	Yes

Merrimack Schools

Location	Morning Program	Afternoon Program
Mastricola Elementary*	Yes	Yes
Mastricola Upper Elementary*	Yes	Yes
Reeds Ferry	Yes	Yes
Thornton's Ferry	Yes	Yes

*Mastricola (lower elementary) and MUES (upper elementary) morning programs are combined and meet in the in Room 128 of MUES.

Mont Vernon Schools

Location	Morning Program	Afternoon Program
Mont Vernon Village School	Yes	No

Wilton / Lyndeborough Schools

Location	Morning Program	Afternoon Program
Florence Rideout School	No	Yes

*Children from Lyndeborough Central School are bussed to Florence Rideout.

Nashua Schools

Location	Morning Program	Afternoon Program
Amherst Street (at Mt. Pleasant)	No	Yes
Bicentennial	Yes	Yes
Birch Hill	Yes	Yes
Broad Street	No	Yes
Charlotte Avenue	Yes	Yes
Dr. Crisp	No	Yes
Fairgrounds	Yes	Yes
Main Dunstable	Yes	Yes
Mt. Pleasant	No	Yes
New Searles	Yes	Yes
Sunset Heights	Yes	Yes



2019 – 2020 ENROLLMENT / EMERGENCY FORM

CHILD INFORMATION

School Name: _____ Program Start Date: ____ / ____ / ____
Grade: _____
Child's Name: _____ Sex: M ___ F ___ D.O.B: ____ / ____ / ____
(First) (Last)
Address: _____ City: _____ Zip: _____
Home Phone / Contact Number: (____) _____ - _____

WEEKLY SCHEDULE

(Please check all days you are registering your child to attend our program)

- AM Program:** Full Time (Monday – Friday)
 Part-Time (Check all that apply): Monday Tuesday Wednesday Thursday Friday
- PM Program:** Full Time (Monday – Friday)
 Part-Time (Check all that apply): Monday Tuesday Wednesday Thursday Friday

PARENT / GUARDIAN INFORMATION

Name: _____
Relationship To Child: _____
Address: _____
Home: (____) _____ - _____
Cell: (____) _____ - _____
Email Address: _____
Employer Name: _____
Work: (____) _____ - _____

Name: _____
Relationship To Child: _____
Address: _____
Home: (____) _____ - _____
Cell: (____) _____ - _____
Email Address: _____
Employer Name: _____
Work: (____) _____ - _____

PHYSICIAN / EMERGENCY MEDICAL INFORMATION

Primary Care Physician

Name: _____
Address: _____
Office Number: (____) _____ - _____

Preferred Hospital / Emergency Care Center

Name: _____
Address: _____
Main Number: (____) _____ - _____

MEDICAL INFORMATION

Please list any chronic medical conditions or allergies that are important for us to know in case of sudden illness or injury. If your child requires any medications to be dispensed during our program hours, you must list the information and instructions below.

If your child requires medication, we must have it in our possession **before your child's first day of attendance**: The medication in its original container, medical orders from your child's doctor, and Authorization to Administer Medication form signed by a parent or guardian, and a photo of your child for identification purposes.

PERMISSION TO POST ALLERGY INFORMATION

New Hampshire State Licensing Regulations requires your signature for Adult Learning Center employees to maintain your child's allergy information in an area accessible to all staff in the event of an emergency. ***I hereby give the Adult Learning Center permission to maintain my child's allergy information in an accessible area to all staff members for use in the event of an emergency.***

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the Adult Learning Center / School Age Adventures (Adventure Club) to give my child, _____ simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. Parents will be responsible for all costs incurred in such emergencies.

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

PERMISSION TO PHOTOGRAPH

The Adult Learning Center / School Age Adventures (Adventure Club) requests permission to photograph your child, record your child on tape, or audio-visually, while participating in our program for the following purposes: arts and crafts projects, bulletin board displays, participation in program plays or talent shows, use in our brochures, marketing tools, newspaper articles, slide shows, web site advertising or other forms of advertisements. ***I hereby give the Adult Learning Center permission to use my child's photograph in its materials and audiovisual presentations. I agree that the photographs become the exclusive property of the Adult Learning Center and I waive all rights thereto.***

Your signature below indicates permission

PRINT NAME: _____

SIGNATURE: _____ Date: _____

SOCIAL / OTHER INFORMATION

What do we need to know in order to help your child be successful in our program?

LOCAL EMERGENCY CONTACTS / ADDITIONAL PICK-UP INFORMATION

Other than Parent/Guardian. You MUST provide at least one person below. Photo identification must be presented at pick-up. No exceptions.

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

UNAUTHORIZED TO PICK UP

Legal documentation must be provided to our office if biological parent

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

Name: _____

Relationship: _____

Contact Number: (____)____ - _____

NOTE TO PARENTS AND/OR GUARDIANS

The licensing authority for this program is the Bureau Of Licensing And Certification, Child Care Licensing Unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at:

<https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y';> or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- a. I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group;
- b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group;
- c. I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____



2019- 2020 TUITION AGREEMENT

THIS FORM MUST BE SIGNED AND RETURNED WITH ENROLLMENT PACKET

- No changes can be made to your child's schedule during the first two weeks of participation in our program.
- Initial two week tuition deposit and a non-refundable registration fee of \$60.00 per family is required at the time of enrollment. Please refer to the "Tuition Rates" form when calculating your deposit. Deposit and registration fee may be paid via cash, check, money order or your designated "Tuition Express" account.
- During open enrollment, refunds (*minus the non-refundable registration fee*) are issued only if you cancel on or before July 31, 2019. After July 31, 2019, tuition deposits are non-refundable.
- *Tuition Express* automatic payment processing is required for all families and a new form must be submitted each school year. Tuition payments are automatically withdrawn from your designated *Tuition Express* bank or credit card account. Statements are emailed weekly. Please ensure we have your current email address on file.
- **Full-time students enrolling prior to 08/16/19 and starting on the first day of school:** Weekly tuition payments follow the 2019-2020 payment calendar for your school district and/or grade. Payments are based on the required 180 day school calendar. Our program is not open on days schools are closed. First day of school, school closures and school vacation schedules vary in each district. Please ensure you follow the correct payment calendar above, based on the school district and grade your child attends.
- **Full-time students enrolling after 8/16/19 and ALL PART-TIME STUDENTS (*attending less than 5 days per week*):** You are billed through 06/12/19 if your child's spot is not locked in prior to 8/16/19 or your child attends our program part-time. Payments are processed every Friday, for the following week's tuition and end on 06/12/19.
- All *pre-scheduled* late start and *pre-scheduled* early release days are included in your weekly tuition payment only if your child is enrolled to participate on those days. Part-time participants may be eligible to participate in the pre-scheduled late start/early release days for an additional \$25.00 charge. To check availability, call 603/882-9080 x2212.
- **Monday Holidays:** Part-time students scheduled to participate on Mondays may select an alternate day to attend our program within the same school week, subject to availability. There are no refunds for Monday holidays. Call 603/882-9080 x2212 to schedule the alternate date.
- Part-time student schedule changes are subject to availability. Some programs may have a wait list. If the day you wish to add to your child's schedule is unavailable, you will be informed. Additional charges will apply for any extra days added.
- Payments and documentation are not accepted at the individual programs. All payments and documentation must be submitted to our office at 4 Lake Street, Nashua, NH 03060.
- *We require a one-week notice to implement changes to your child's schedule or you may be charged the following week's full tuition rate.* All schedule or attendance changes for your child must be called into our School Age Adventures office at 882-9080 x 2212.
- Programs close at 6:00 P.M. A late fee of \$1.00 per minute will be charged to your account for any pick-ups after 6:00 P.M. Repeated late pick-ups may result in disenrollment from our program.
- We reserve the right to dis-enroll your child from our program for non-payment of fees, repeated late pickups or child or parent behavior that causes a safety concern or disruption of the program.
- Questions on Tuition Express, payments or billing? Please contact our Billing Office at 882-9080 x 2214.

I _____ have read the above Tuition Agreement and understand it is my responsibility to comply with the items outlined above. I further understand and agree that in signing this Tuition Agreement, I am personally liable for full tuition payments for any and all days my child(ren) is registered to attend the program. I grant permission to the Nashua Adult Learning Center to charge my designated Tuition Express account for that tuition, regardless of whether or not my child(ren) attends.

Parent/Guardian Signature

Date



CHILD REUNIFICATION – RELEASE FORM

Please fill this form out and attach a photo of your child on the back side for quick identification purposes, should an emergency arise.

CHILD INFORMATION

School Name: _____ Grade: _____

Child's Name: _____ D.O.B: ____/____/____
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Date of Birth: ____/____/____

Father's Date of Birth: ____/____/____

Home: (____) _____ - _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Work: (____) _____ - _____

Legal Guardian's Name: _____
(if different from above)

Legal Guardian's Name: _____
(if different from above)

Legal Guardian's Date of Birth: ____/____/____

Legal Guardian's Date of Birth: ____/____/____

Home: (____) _____ - _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Work: (____) _____ - _____

If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child/children may be released to in case of an emergency:

Name: _____

Name: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Relationship To Child(ren): _____

Relationship To Child(ren): _____

Phone: (____) _____ - _____

Phone: (____) _____ - _____

PARENT / GUARDIAN SIGNATURE

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Please list a friend or family member who lives out of the State of New Hampshire we can call with information in case local telephone service is interrupted.

Name: _____ Contact Number: (____)____ - _____

**ATTACH
PHOTO
HERE**

FOR SCHOOL AGE CARE STAFF USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

Name of person child released to:

Released by:

Proof of ID provided:

Date of release:

Time of release:

Destination:

TUITION RATES

	<u>Kindergarten Students</u>			<u>Grade 1+ Students</u>		
Weekly: <i>(Full-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 70.00	\$ 100.00	\$ 150.00	\$ 70.00	\$ 95.00	\$ 145.00
Daily: <i>(Part-time)</i>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>	<u>AM Only</u>	<u>PM Only</u>	<u>AM & PM</u>
	\$ 14.00	\$ 22.00	\$ 36.00	\$14.00	\$20.00	\$34.00

Sibling Discounts

A fifteen percent (15%) discount is extended to families with multiple students attending our program full-time (*Monday through Friday*). The 15% discount is applied to the older child's weekly tuition. Discounts do not apply to students attending part-time (*less than 5 days per week*).

2019-2020 PAYMENT CALENDAR

Hollis, Wilton and Nashua (grades 1+) students attending our program full-time										
PAID	PAID	09/06/2019	09/13/19	09/20/19	09/27/19	10/04/19	10/11/19	10/18/19	10/25/19	11/01/19
11/08/19	11/15/19	NO PAYMENT	11/29/19	12/06/19	12/13/19	NO PAYMENT	NO PAYMENT	01/03/20	01/10/20	01/17/20
01/24/20	01/31/20	02/07/20	02/14/20	NO PAYMENT	02/28/20	03/06/20	03/13/20	03/20/20	03/27/20	04/03/20
04/10/20	04/17/20	NO PAYMENT	05/01/20	05/08/20	05/15/20	05/22/20	05/29/20	END PAYMENTS		

Merrimack, Litchfield, Mt. Vernon and Nashua kindergarten ^(*) students attending our program full-time										
PAID	PAID	09/13/19	09/20/19	09/27/19	10/04/19	10/11/19	10/18/19	10/25/19	11/01/19	11/08/19
11/15/19	NO PAYMENT	11/29/19	12/06/19	12/13/19	NO PAYMENT	NO PAYMENT	01/03/20	01/10/20	01/17/20	01/24/20
01/31/20	02/07/20	02/14/20	NO PAYMENT	02/28/20	03/06/20	03/13/20	03/20/20	03/27/20	04/03/20	04/10/20
04/17/20	NO PAYMENT	05/01/20	05/08/20	05/15/20	05/22/20	05/29/20	06/05/20	END PAYMENTS		

^(*)Nashua kindergarten students begin school on 09/3/2019 and will follow the secondary payment calendar above.

No changes can be made to your child's schedule during the first two weeks of participation in our program.

Full-time students enrolling prior to 08/16/19 and starting on the first day of school: Weekly tuition payments follow the above payment calendar for your school district and/or grade. Payments are based on the required 180 day school calendar. Our program is not open on days schools are closed. First day of school, school closures and school vacation schedules vary in each district. Please ensure you follow the correct payment calendar above, based on the school district and grade your child attends.

Full-time students enrolling after 8/16/19 and ALL PART-TIME STUDENTS (*attending less than 5 days per week*): You are billed through 06/12/19 if your child's spot is not locked in prior to 8/16/19 or your child attends our program part-time. Payments are processed every Friday, for the following week's tuition and end on 06/12/19.

All *pre-scheduled* late start and *pre-scheduled* early release days are included in your weekly tuition payment only if your child is enrolled to participate on those days. Part-time participants may be eligible to participate in the pre-scheduled late start/early release days for an additional \$25.00 charge. To check availability, call 603/882-9080 x2212.

Monday Holidays: Part-time students scheduled to participate on Mondays may select an alternate day to attend our program within the same school week, subject to availability. There are no refunds for Monday holidays. Call 603/882-9080 x2212 to schedule the alternate date.

Part-time student schedule changes are subject to availability. Some programs may have a wait list. If the day you wish to add to your child's schedule is unavailable, you will be informed. Additional charges will apply for any extra days added.

We require a one-week notice to implement changes to your child's schedule or you may be charged the following week's full tuition rate. All schedule or attendance changes for your child must be called into our School Age Adventures office.

All tuition payments are processed through "Tuition Express" automatic payment system. Statements are emailed weekly. Please ensure we have your current email on file. Questions billing? Contact our Billing Office at 882-9080 x 2214. Tuition assistance may be available to qualified families through the New Hampshire Department of Health and Human Services (NH DHHS). For additional information about child care assistance, please visit the NH DHHS website at <https://nheasy.nh.gov/> or contact the Southern District Office, 26 Whipple Street, Nashua, NH 03060, (603) 883-7726 or (800) 852-0632.

2019 – 2020 Delay and Cancellation Policy

Inclement Weather, Cancellations and Delayed Start

- ▶ **School District cancels school** → All programs are cancelled.

- ▶ **School District announces delayed opening** → All morning programs *start at 7:00 A.M.*
In the event of program cancellation, payment for that day is applied to the required make-up day in June.

Emergency / Early Release Days

- ▶ **School District announces early release**
 - Before the school day begins:*
 - All AM programs *continue to run, on time.*
 - All after school programs *are cancelled.*

 - After school day begins and children are already in school:*
 - Shortened hours at our after school program.

 - Parents are requested to pick up children as early as possible to ensure our staff arrives home safely.

Emergency Evacuations

- ▶ **School District and/or individual schools issue emergency evacuation and students are not allowed back into the building:**
 - Our after school program *is cancelled.*

 - Your School District and/or individual school will provide information to you in their phone blast where to pick up your child. *Parents must plan ahead for alternate coverage in some of these situations.*

Questions? Please speak to your Site Director or call our office at 882-9080 x 2212.



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) Nashua Adult Learning Center 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. _____ (initial) 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

*** I authorize the automatic withdrawal of the initial registration fee, plus a two week deposit in the total amount of \$_____. I also authorize the automatic withdrawal of my weekly payments on the due dates listed on my payment schedule. (If your payment information changes you will be required to fill out a new form.)

SECTION A (Credit Card)

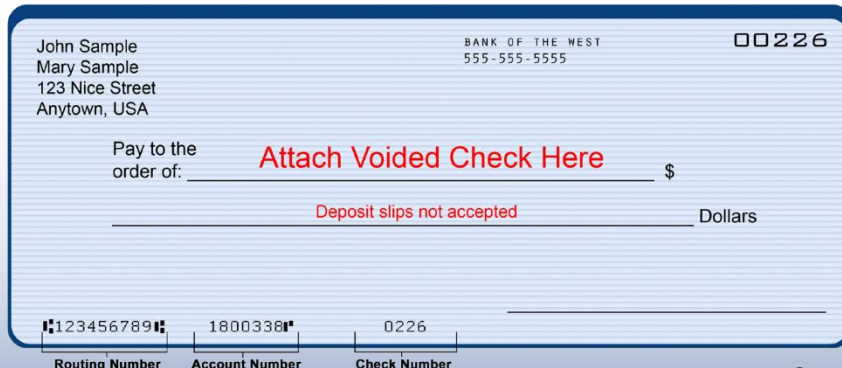
Cardholder Name _____ Phone # _____
Cardholder Address _____ City _____ State _____ Zip _____
Account Number _____ Expiration Date _____
Cardholder Signature _____ Date _____

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) _____ Checking Savings
Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of

