

Parents,

We are getting ready for the new 2023-2024 school year, and all of our current preschool families, like yours, have priority registration! Early registration ends on February 25, so be sure to reserve your child’s spot today by filling out the registration packet and submitting payment for the $150 registration fee! Enrollment opens to the public on March 1.

-LSA will be open Monday-Thursday

-School Hours will be 9:00am-1:00pm

-The First Day of school will be Monday, August 14th

-Open House will be Thursday, August 10th, at 6:00pm

-Registration Fee of $150.00 due upon registering for 2023-2024

If you have any questions, please contact me!

Sheila Miller

Director

Little Scholars Academy

Douglasville First United Methodist Church

Office: 770-920-9059

sheilam@douglasvilleFUMC.org

**LITTLE SCHOLARS ACADEMY**

A Ministry of Douglasville First United Methodist Church

**Registration 2023-2024 School Year**

Child’s Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Child is Known By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of 9/1/23:\_\_\_\_\_\_\_

Registration for each school year is subject to the approval of Little Scholars Academy. We reserve the right to return the registration fee of any child who, in our opinion, has needs that our program cannot meet. If we cannot accommodate your child, we will give assistance in finding another program better suited for your child. Additionally, if the minimum number of students for a class is not met, the class will be cancelled and your registration fee will be refunded. Otherwise the Registration fee is **non-refundable.** Registration is set at $150.00, and is a **one-time** fee payable when all forms are turned in.

**Classes offered for 2023-2024**

 **PLEASE NOTE OUR SCHOOL HOURS ARE 9:00am-1:00 pm**

 All amounts are for Monthly Tuition

\_\_\_\_ 2 yr T, Th $180 (must be 2 by 9/1)

\_\_\_\_ 2 yr T,W,Th $200 (must be 2 by 9/1)

\_\_\_\_ 2 yr M-Th $225 (must be 2 by 9/1)

\_\_\_\_ 3 yr M-Th $225 (must be 3 by 9/1)

\_\_\_\_ 4 yr M-Th $235 (must be 4 by 9/1)

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Child’s Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Child is Known By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of 9/1/23:\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Child lives with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A copy of custody papers must be on file with the Preschool Director

Names and Ages of Other Children in the Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Little Scholars Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who can we thank for your referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a church you attend regularly?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, would you like information about Douglasville FUMC? Y N

Would you like to be enrolled in our automatic text service for updates and important information? Y N Cell phone number for text service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Child’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Registration 2023-2024 School Year**

**The following information will help our teachers get to know your child’s interests and needs. Please include any additional information you think is important.**

Is there a health condition we should know about? If yes, please explain: **Y N**

Are there any activities which should be avoided or limited? If yes, please list: **Y N**

Does your child have any allergies? **Y N (If yes explain)**

How are they manifested? (runny nose, stomach upset, asthma, other)

Does your child have any dietary restrictions? If yes, please explain: **Y N**

Is your child right or left-handed? **RIGHT LEFT UNDECIDED**

Does your child have any speech difficulties? If yes, please explain: **Y N**

Is there anything significant which we should know about that might affect your child’s physical or emotional well-being? **Y N**

Do you receive services from Babies Can’t Wait or the LEAP Program? **Y N**

What are your child’s special interests?

What does your child enjoy doing when playing alone? With others?

Are you aware of any fears or anxieties your child has? **Y N**  If so, what are they?

How would you best describe your child?

What do you enjoy most about your child?

**LITTLE SCHOLARS ACADEMY**

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**Registration 2023-2024 School Year**

**Liability/Release Form**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ER Contacts: Name Phone Number Relationship to the Child

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned (being 21 years of age or older), do hereby release, forever discharge and agree to hold harmless Little Scholars Academy, Douglasville First United Methodist Church, and its Directors thereof from any and all liability, claims, demands for personal injury, sickness, or death, as well as property damage and expenses, or any nature whatsoever, which may be the undersigned that occur while said child is participating in the above described facility.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation, transportation, and work activities involved therein.

Further, authorization and permission is given to Little Scholars Academy to furnish any necessary transportation, food, or other needs to this participant.

The undersigned further hereby agree to hold harmless and indemnify Little Scholars Academy, Douglasville First United Methodist Church, its directors, employees, and agents for any liability sustained by Little Scholars Academy as the result of any negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

The undersigned hereby grant permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, the undersigned will assume all costs.

Little Scholars Academy may generally do and perform all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

This release applies to all activities for the school year 2023-2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father’s signature/Mother’s signature/Guardian’s signature Date

**LITTLE SCHOLARS ACADEMY**

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**Registration 2023-2024 School Year**

**Financial Agreement**

The financial policies of Little Scholars Academy are summarized below for your review. Please read these policies carefully. After reviewing the information, please print, initial on each line, and sign below.

\_\_\_\_\_\_\_\_1. The registration fee is due upon registration. Your child will **no**t be placed on a class roll until the Director receives the completed registration form and the registration fee.

\_\_\_\_\_\_\_\_2. The registration fee is **NON-REFUNDABLE**.

\_\_\_\_\_\_\_\_3. **Tuition is due on a monthly basis, no later than the 10th day of the current month**. If the tuition is not paid by the 10th of the month, there will be a $10 late charge added to the amount due. Accounts not paid-in-full by the end of each month shall be cause to terminate enrollment of child. Arrangements may be made in a personal meeting with the Director concerning the need for special financial arrangements.

\_\_\_\_\_\_\_\_4. If a check is returned to the Preschool due to insufficient funds, the parents will be charged $25 and asked to pay in cash with the exact amount. We **will not** run the check through the bank again.

\_\_\_\_\_\_\_\_5. If you need to withdraw your child from the LSA, please let the director know as soon as possible. The parents must give one month’s written notice of their intention to withdraw. The parents are obligated to pay all tuition up to and through the next month from the date of notification of withdrawal. If the withdrawal is in May, tuition must be paid regardless of notice.

\_\_\_\_\_\_\_\_6. The Preschool will issue year-end statements of your child’s account by written request only.

\_\_\_\_\_\_\_\_7. For your convenience, information has been provided so that you can have your child’s tuition Automatically Withdrawn each month on the 5th day of the month.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print name), have read and understand these policies and agree to abide by them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**LITTLE SCHOLARS ACADEMY**

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**Registration 2023-2024 School Year**

**Media Consent/Release Form**

I, as the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby grant permission to Little Scholars Academy and Douglasville First United Methodist Church, its agents and assigns, to use herein named child’s/children’s photo or video, and likeness for the purpose of promotion by Little Scholars Academy and Douglasville First United Methodist church for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and Little Scholars Academy and Douglasville First United Methodist Church owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release Little Scholars Academy and Douglasville First United Methodist Church and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed name of Guardian Signature of Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Name(s) of child(ren)

I, as the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I **DO NOT GRANT** permission to Little Scholars Academy and Douglasville First United Methodist Church, its agents and assigns, to use herein named child’s/children’s photo or video, and likeness for the purpose of promotion by Little Scholars Academy and Douglasville First United Methodist church for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed name of Guardian Signature of Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Name(s) of child(ren)

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**Registration 2023-2024 School Year**

**Additional Signatures**

**Bright From the Start**

I understand that Little Scholars Academy is exempt from licensing as a child care facility and is not required to be licensed in the State of Georgia.

**Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Handbook**

I have read Little Scholars Academy Preschool Handbook and I am aware of all the policies and procedures laid out therein. Copies of the Preschool Handbook are available online at www.douglasvillefumc.org/preschool

**Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carpool Release**

The Preschool Staff will assist your child in getting into your vehicle. However, it is the responsibility of the parent/driver to buckle the child into his/her carseat and ensure that each child is securely/correctly fastened into the carseat before leaving the loading area. If there are any changes to those allowed to pick up your child, it is your responsibility to inform the Preschool Director in a timely manner.

**Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People Permitted to Pick-up my child from LSA**

The following people are permitted to pick up my child from LSA. During the year if I want to add people to the pick-up list I will submit that request in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LITTLE SCHOLARS ACADEMY**

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**ACH Recurring Tuition Payment Authorization Form**

Schedule your Tuition payment to be automatically deducted from your checking or savings account.
Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

* It’s convenient (saving you time and postage)
* Your payment is always on time (even if you’re out of town), eliminating late charges

**Here’s How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an “ACH Debit.” You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Little Scholars Academy and Douglasville First United Methodist Church (DFUMC) to charge my bank account indicated below in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the 5th of each month for payment of Tuition to Little Scholars Academy.

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type: [ ]  Checking [ ]  SavingsName on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_check_cropBank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank City/State  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify LSA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that LSA may at its discretion attempt to process the charge again within 30 days, and agree to an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.  I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.