



THE PARISH SCHOOL

### Optional Programs Enrollment Form 2018-19

Student's Name: \_\_\_\_\_

Please indicate below in which 2018 -19 Optional Programs you would like to enroll your child. **Complete and return this form with the required Payment Method Authorization Form to the business office.** For more information on these programs, please visit [www.parishschool.org/optional-programs](http://www.parishschool.org/optional-programs).

Early Morning Drop-Off (Monday - Friday)	<input type="checkbox"/> 7:00 - 7:45 a.m. Elementary	\$200 per month
	<input type="checkbox"/> 8:00 - 8:45 a.m. Early Childhood	
Early Childhood Extended Day (Monday - Thursday)	<input type="checkbox"/> 12:00 - 4:30 p.m. Emerging Language	\$500 per month
	<input type="checkbox"/> 1:00 - 4:30 p.m. Preschool & Pre-primary	\$400 per month
Elementary Extended Day (Monday - Thursday)	<input type="checkbox"/> <b>Option 1:</b> 3:15 - 4:30 p.m. - 2 Days Per Week Select Either: <input type="checkbox"/> Monday & Wednesday OR <input type="checkbox"/> Tuesday & Thursday	\$150 per month
	<input type="checkbox"/> <b>Option 2:</b> 3:15 - 4:30 p.m. - 4 Days Per Week Monday-Thursday	\$250 per month

There are limited spots available in each of these programs, and spots will be filled on a first come, first served basis. You will be notified if space in the program is unavailable or if the program does not meet your child's needs.

Note that if your child is enrolled in an Optional Program after the beginning of the month or withdraws prior to the end of the month, the full month's payment is still due. Monthly fees are not prorated. Direct debit or credit card charge is required for all Optional Programs and will occur on or around the 5<sup>th</sup> day of each month from August through May. If the child will no longer attend the following month's optional program, a notice in writing is required to be sent to the administrative manager ([nmosley@parishschool.org](mailto:nmosley@parishschool.org)) before the end of the current month. **Note: To no longer attend the other optional programs listed below, contact the appropriate program director.**

I/we, the undersigned parent(s)/guardian(s), request that my/our child be enrolled in the Optional Programs selected above.

_____ Mother's/Legal Guardian 1's Name	_____ Mother's/Legal Guardian 1's Signature	_____ Date
_____ Father's/Legal Guardian 2's Name	_____ Father's/Legal Guardian 2's Signature	_____ Date

**Other Optional Programs** - The programs described below require additional consultation with a Parish representative. Please visit [www.parishschool.org/optional-programs](http://www.parishschool.org/optional-programs) and contact each program director for more information.

- **Adventure Play - 2 program options available (ages 6-12)**  
Jill Wood, MLIS, *Director of Adventure Play* - [jwood@parishschool.org](mailto:jwood@parishschool.org)  
To register, complete the enrollment packet located at [www.parishschool.org/adventureplay](http://www.parishschool.org/adventureplay).
- **Social Learning - \$85 per hour (early childhood through high school students)**  
Stefanie Heintz, MS, CCC-SLP, *Director of Social Learning* - [sheintz@parishschool.org](mailto:sheintz@parishschool.org)
- **Tutoring - \$65 per session (elementary only)**  
Amy Richard, CCC-SLP/CALT, *Director of Elementary* - [arichard@parishschool.org](mailto:arichard@parishschool.org)



Child's Name: \_\_\_\_\_

Programs: \_\_\_\_\_

### Payment Authorization Form

Please select one of the following:

**1. Authorization Agreement for Direct Debits (ACH Debits)**

I/we, \_\_\_\_\_, hereby authorize The Parish School to initiate debit entries to my/our  **checking** or  **savings** account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law Payment amounts and processing dates of Direct Debits are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2018-2019 school year.

**Please complete this section and attach a voided check:**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**2. Authorization Agreement for Credit Card Processing:**

I/we, \_\_\_\_\_, hereby authorize The Parish School to process credit card transactions to my/our credit card noted below. Amounts and processing dates of credit card transactions are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2018-2019 school year. **We acknowledge that by selecting the pay via credit card, an additional 3.25% service fee will be applied to my account to cover credit card processing costs.**

**Please complete this section:**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

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**THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PARISH SCHOOL HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PARISH SCHOOL AND ANY DEPOSITORY FINANCIAL INSTITUTION INVOLVED A REASONABLE OPPORTUNITY TO ACT ON IT.**

Account Holder Name \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_

Optional (please initial):

\_\_\_\_\_ YES! I would like to have my Seeds for Growth Annual Campaign Donation for the 2018-2019 school year processed with my first payment through direct debit or credit card as selected above in the amount of \$\_\_\_\_\_.