

**Park Place Christian Academy  
2020-2021 Crusader Care Draft Enrollment Form**

Parents, guardians or other persons responsible for payments should read and complete the required information, sign and return to the Crusader Care Office or business office.

By filling out this form, I give permission for PPCA to draft Crusader Care on the 5<sup>th</sup> day on each month. I realize that the published rates are weekly rates and that the monthly draft will vary by the number of MONDAYS in each month.

**If your student is withdrawing from PPCA and/or Crusader Care at any time, you will need to give a written notice 15 business days prior to the next draft date in order for the draft to be stopped. If any draft is return unpaid from the bank, you will be responsible for the Crusader Care Tuition plus the return draft fees. NO records or transcripts will be released until balance is paid in full.**

Mother's/Guardian Name: \_\_\_\_\_ Father's/Guardian Name: \_\_\_\_\_

List student(s) that will attend Crusader Care, grade and rate

| STUDENT NAME | Grade | Rate | Comments |
|--------------|-------|------|----------|
|              |       |      |          |
|              |       |      |          |
|              |       |      |          |
|              |       |      |          |
|              |       |      |          |

**Bank Information:**

If electing to pay monthly bank draft option, attach a voided check and complete the following:

I authorize Bank Plus to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the business office, in writing to cancel, in such time to afford Bank Plus reasonable opportunity to act on it.

Name on Account \_\_\_\_\_ Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_ or Savings Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_ Effective Date of Transfer \_\_\_\_\_ Amount \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_