

**Mater Dei Child Care Center
Parents' Financial Agreement/Internet Banking Agreement**

Name _____ Phone (Home) _____

Address _____ Phone (Work) _____

City/State _____ Zip _____

E-Mail _____

Child's Name _____ Age Group _____

Mater Dei Child Care Center's Tuition Rates:

Age Group	Weekly	Bi-weekly	Age Group	Weekly	Bi-Weekly
Toddlers	160	320	After School	50	100
Pre School	140	280	Part time After Sch.	40	80
Drop-in Care	40 daily		Drop-in	15 daily	
			School Day Out	20 or 30	

I agree to pay \$_____ weekly or bi-weekly (circle one)
 Yearly registration fee of \$50 per child is due on August 1st.
 All rates subject to change. Hours of operation: 6:30AM – 6:00PM

I (we) hereby authorize Mater Dei Parish hereinafter called Company to initiate debit entries to my or our () checking or () savings account indicated below at the depository institution named below. Hereinafter called Depository and to debit the same to such account. Debits from account will be made weekly or bi-weekly on Tuesdays. Attach a voided check if new to center or if account has changed.
 If you are receiving funding from DCF or another agency for care, be aware that the fund might not cover the full tuition. You are responsible for paying remaining balance.

Depository Name _____ City _____ Zip _____

Routing # _____ Account # _____

This authorization is to remain in full force and effect until Company has received WRITTEN NOTICE from me to terminate in such time and manner as to afford Company and Depository a reasonable opportunity to act on it.

Parent's Signature _____ Date _____ Spouse's Signature required for joint account _____

Provider's Signature _____ Date _____