$Joy ful\ Response_{\text{$\tt \&$ Electronic Tuition Payment Program}}$

Your tuition payments may be made automatically each week/month from your LCEF Steward Account or other bank account. To enroll in the Joyful Response program, simply complete this enrollment form and return it to the school office. If you have any questions, please call the school or email the billing office. 703-729-9144 or billing@openarms-ccdc.org

PLEASE PRINT	
Student name	Scheduled Class
Student name	Scheduled Class
Student name	Scheduled Class
Parent/Payer Information:	
Name:	
Mailing Address:	
Telephone number:	
Email address:	
TUITION PAYMENT PLAN Enrollment Sta	art date:
ALL DAY PROGRAM Weekly tuition—drafted every Monday.	ACTIVITY FEE—one time fee (\$50.00 per child 2 years old and older), due at the beginning of the school year or the first week of attendance.
TUITION AMOUNT:\$	— ACTIVITY FEE DRAFT AMOUNT:
FULL DAY KG AND HALF DAY PROGRAM Monthly tuition—transferred the 1st of every mont	ф
TUITION AMOUNT: _ \$	
BANK INFORMATION Checking Acco	ount Savings Account
Routing Numbers:	Account Numbers:
AUTHORIZATION AND ACKNOWLEDGMENT	
1. I authorize Open Arms to process debit entries	to my account for which I supplied a voided check.
2. Only the authorized amounts, from above, are enrollment fees, Lunch Bunch, and breakfast chbilling@openarms-ccdc.org.	
3. Parents will receive an email once a draft account	ınt and schedule has been established.
4. I will pay by check/cash until I receive the confi	rmation email.
Authorized signature for a secret	For Office Use Only
Authorized signature for account	Completion date: Completed by:
Attach a check here	LCEF School Id: Paggg621

LCEF School Id: P9000621