



**Preauthorized Payment Consent Form**

Parent's Name (account holder) \_\_\_\_\_

Address: \_\_\_\_\_ Postal code \_\_\_\_\_ Phone# \_\_\_\_\_

If you are subsidized, include: Household File number: \_\_\_\_\_ Daily Rate: \_\_\_\_\_

**Include a new void cheque with this form.**

**Child(ren's) Information**

1. Child's name \_\_\_\_\_ date of birth; \_\_\_\_\_ Program \_\_\_\_\_
  2. Child's name \_\_\_\_\_ date of birth; \_\_\_\_\_ Program \_\_\_\_\_
  3. Child's name \_\_\_\_\_ date of birth; \_\_\_\_\_ Program \_\_\_\_\_
- Program**

**Rippleton Location**

Preschool <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days	Kindergarten <input type="checkbox"/> AM/PM <input type="checkbox"/> AM only	School age <input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only
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**St Bonaventure Location**

Kindergarten <input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only	School-age <input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only
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**Office use only Monthly Fixed Fee Rates**

Child #1. \$ \_\_\_\_\_ Child #2. \$ \_\_\_\_\_ Child #3. \$ \_\_\_\_\_

I (we) authorize Rippleton Roadsters Childcare Program to process a debit in paper, electronic or other form for the school year September 2024-June 2025.

I (we) will provide a VOID cheque solely for purposes of account/transit verification (required).

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the preauthorized payment authorization form.

I (we) acknowledge that an NSF service charge of \$25.00 will be added to your fees. A second attempt will be made to process your fees and NSF charges within 5 business days after notification.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date