



**Nanaimo Christian School
Kingdom Kids Preschool
2017/18 Tuition
Promissory Agreement**

I, _____, promise to pay Nanaimo Christian School
the amount of \$ _____ tuition for the **2017/18** school year.

Student	Program	Monthly Tuition
	1 Morning per week	\$80.00
	2 Mornings per week	\$125.00
	3 Mornings per week	\$180.00
	4 Mornings per week	\$245.00
	5 Mornings per week	\$290.00
	1 Afternoon per week	\$60.00
	2 Afternoons per week	\$115.00
	3 afternoons per week	\$150.00
	4 afternoons per week	\$210.00

Please circle one of the following payment options:

- 10 post-dated monthly cheques (attached) or monthly
- eTransfer: darlene.vanappelen@ncsnanaimo.com Question: School Answer: NCS
- Automatic Debit from your bank account
- I will be contacting you to make other arrangements.
- Visa/Master Card Automatic Debit
- I have applied for Government Funding and will be responsible for the balance

Authorization: (please read and sign on page 3)

WITHDRAWAL POLICY

I understand that by enrolling my child for the above program, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrolment in entirety, or in part, I must contact Kingdom Kids in writing **Four Weeks** prior to the time care is to be given in order to have the fees waived.

Any outstanding tuition after June 30th of that school year will continue to be deducted, until paid, from your account. Statements are available at any time upon request.

We promise to continue the payments extending beyond our children's attendance at KKP until the obligation is paid in full.

Applicant's Signature: _____



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PAYOR INFORMATION *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	Email Address:
Signature of Payor(s):	Date:

PAYOR CREDIT CARD INFORMATION *(Please type or print clearly)*

Credit Card Number	Expiry Date
Name of Credit Card Holder+	
Card Holders Signature	Date of Withdrawal 1 st 20 th

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please attach a VOID cheque)*

Branch Number / 5 digits	Institution # 3 digits	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	Date of Withdrawal 20 th

****STAPLE A VOID CHEQUE TO THIS SECTION** OR **Write, Same as Last Year****



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Authorization: (please read and sign below)

- ◆ I (we) hereby authorize NANAIMO CHRISTIAN SCHOOL (1988) SOCIETY, hereinafter called NCS, to initiate debit entries to my (our) **Credit Card**, or **Bank Account** at the financial institution as indicated above, hereinafter called the Bank, and to debit the same to such account.
- ◆ NCS may debit my account **once** a month in the dollar amount of:

Kingdom Kids Preschool Monthly Amount	\$ _____
Monthly NCS Tuition (other students enrolled)	\$ _____
Total Amount Debited from Account/Credit Card	\$ _____
- ◆ I (we) will inform NCS, in writing, of any change in the information provided in this Authorization prior to the next due date of the Pre-Authorized Debit.
- ◆ I (we) acknowledge that the Authorization is provided for the benefit of NCS and our Bank and provided in consideration of our Bank agreeing to process debits against my (our) account, as listed above in accordance with the Rules of the Canadian Payments Association.
- ◆ I (we) warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the above mentioned account have signed the Authorization below.
- ◆ I (we) authorize NCS to issue Pre-Authorized Debits drawn on the account for the purpose of tuition payments or donation.
- ◆ I (we) may cancel this Authorization at any time, upon providing written notice to NCS.
- ◆ I (we) acknowledge that provision and delivery of the signed Authorization to NCS constitutes delivery by us to our Bank. Any delivery of the signed Authorization to NCS, regardless of the method, constitutes delivery by me (us).
- ◆ I (we) acknowledge that our Bank is not required to verify that a Pre-Authorized Debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the Pre-Authorized Debit was issued has fulfilled by NCS as a condition to honouring a Pre-Authorized Debit issued or caused to be issued by NCS on the above mentioned account.
- ◆ Revocation of the Authorization applies only to the method of payment between me (us) and NCS.
- ◆ I (we) may dispute a Pre-Authorized Debit only under the following conditions:
 - a) The Pre-Authorized Debit was not drawn in accordance with the Authorization; or
 - b) The Authorization was revoked.
- ◆ I (we) agree that the information contained in this Authorization may be disclosed to the Bank of Montreal as required to complete any Pre-Authorized Debit transaction.
- ◆ I (we) understand that my (our) personal information, as contained in this Authorization, will be kept secure under the laws of the British Columbia Privacy of Information Act.
- ◆ I (we) understand and accept the terms of participating in this Pre-Authorized Debit plan.

Signed this _____ day of _____, 20 ____.

Name

Signed (PAD Agreement)