



Child Enrollment Form

Expected due date: _____ Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____ Nickname: _____

Birth Date: _____ Gender: ☐ Male ☐ Female

All of the following questions MUST be answered completely:

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Relation to Child: _____	Relation to Child: _____
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____
Driver's License # & State: _____	Driver's License # & State: _____
E-Mail Address: _____	E-Mail Address: _____
Physical Address: _____	Physical Address: _____
City & Zip: _____	City & Zip: _____
Mailing Address: _____	Mailing Address: _____
City & Zip: _____	City & Zip: _____
Cell #: _____	Cell #: _____
Cell phone provider: _____ (for texts)	Cell phone provider: _____
Home #: _____	Home #: _____
Place of Employment: _____	Place of Employment: _____
Work#: _____	Work #: _____

During work hours please call me on my: ☐ Work ☐ Cell During work hours please call me on my: ☐ Work ☐ Cell

Parent's relationship: ☐ Married/Together ☐ Divorced/Separated ☐ Single

Child living with: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian

Classroom/Program: ☐ Infants (Starfish) ☐ 10-20 months (Sea Lion's) ☐ 20-30 months (Jellyfish) ☐ 30-40 months (Sea Turtles)

☐ 3.5-4.5 years (Dolphins) ☐ Four to Six (Whales)

Child's Schedule: Hours and Days of Operation: Monday - Friday, 7:00 a.m. to 6:00 p.m.

Schedule: ☐ Mon-Fri ☐ 4 days ☐ 3 days ☐ 2 days ☐ 1 Day ☐ Drop-in ONLY
☐ Full Days ☐ ½ Days A.M. 7am-12:30pm ☐ ½ Days P.M. 2pm-6pm (1/2 days only for 3-6 year olds)

Hours each day: Monday Tuesday Wednesday Thursday Friday (Example: 7:30-5:30)

Drop off time: _____

Pick up time: _____

Below please list **at least one other person** who can assume responsibility for your child if Caughlin Club Kidz cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Club Kidz when you are not available (I.D. required):

1. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: ☐ Male ☐ Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____
Lives With _____ Emergency _____ Pick up _____

2. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: ☐ Male ☐ Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____
Lives With _____ Emergency _____ Pick up _____

3. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: ☐ Male ☐ Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

____ Lives With

____ Emergency

____ Pick up

CHILD'S MEDICAL INFORMATION:

Does your child have ANY allergies? Yes ____ No ____ If yes, please list below.

Allergy:	Reaction:	Instructions for Staff:

Does your child take any routine medications? Yes ____ No ____ If yes, please list below.

Medication:	Dose:	Why?

Insurance: _____ Policy #: _____

Are there any reasons to restrict your child from activities? Yes ____ No ____ If yes, please explain: _____

Are there any past or current medical conditions we should be aware of? Yes ____ No ____ If yes, please explain: _____

I certify that _____ is physically sound and free from infection or disease that would pose a direct threat to the health and safety of others in this program.

I authorize and instruct Caughlin Club Kidz personnel to take my child to a licensed physician or to emergency medical services or to obtain emergency medical treatment for my son/daughter, _____ as is deemed necessary. I further authorize and instruct school officials to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or other hospital care.

If a physician or hospital services are needed, I request that the following be contacted, if at all possible:

Physician: _____ Phone #: _____

Hospital Preference: ____ St. Mary's ____ Renown Medical ____ Northern Nevada

Print name of Parent /Guardian

Parent/Guardian Signature

Date

Caughlin Club Kidz and Caughlin Athletic Club has my permission to: (Please INITIAL each line)

- ____ To photograph my child on special occasions in the school setting. Photos will be posted in your child's Preschool classroom and also put in the children's portfolios.
- ____ To administer sun block to my child as needed. (Every parent is **REQUIRED** to bring sunscreen for their child. (If we do not have one we will apply **SPRAY** BabyGanics sunscreen).
- ____ To administer prescribed medication as needed per my request and signature along with a doctor's note or prescription. (Make sure to fill out an authorization to apply form & have your doctor sign it also.)
- ____ I understand that tuition is accrued on a weekly basis. I am responsible for tuition even if my child does not attend on their normal scheduled days due to illness, vacation, holidays, unexpected closures, etc. I will only receive a week's vacation credit after one full year of attendance and my account being in good standings. This request must be in writing 30 days prior to vacation.
- ____ I understand by filling this form out and signing below, I am responsible for all tuition and other fees accompanied by the use of the childcare facility (late fees, drop-in fees, tuition, annual registration, supply fee etc.). I understand by being the above child's Parent/Legal Guardian that also makes me responsible for all accrued costs.
- ____ I understand that Caughlin Club Kidz is a NUT FREE facility, and will not pack my child nuts of any kind for lunch.

GENERAL RELEASE OF LIABILITY:

By signing below, all of the above information is true to my knowledge and I will keep all of this information up to date with Caughlin Club Kidz. I, Mr./Mrs. _____, of _____ County, Nevada, the parent or guardian of _____, our minor child do hereby release for and behalf of ourselves and our minor child, Caughlin Club Management Partners, LLC DBA CAUGHLIN CLUB KIDZ and CAUGHLIN ATHLETIC CLUB, 4100 Caughlin Parkway, Reno , Nevada, all owners and employees of Caughlin Club Kidz or Caughlin Athletic Club for any and all damages and/or personal injury that may occur in and from any connection with such Caughlin Club Kidz/Caughlin Athletic Club sponsored activity. This is a full release of any and all claims given in consideration for Caughlin Club, owners and employees sponsoring the under signed have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH AND VIDEO (Social media)

I, _____ hereby authorize Caughlin Club Kidz and Caughlin Club Adventure Camp Program to photograph or video my child (ren) _____ in the school setting. Photos and videos may be posted at Caughlin Club Kidz, Jr. Camp & Adventure Summer Camp Programs, public Newsletters, Caughlin Club Kidz Facebook page and Website; www.caughlinkidz.com. It may also be used for any advertising purposes. Photos will not be sold or given to any private or public party. (Parents can request a copy at no charge.)

Print name of Parent /Guardian 1

Parent/Guardian 1 Signature

Date

FIELD TRIP PERMISSION

I, _____, give my permission to Caughlin Club Kidz to transport my child(ren) _____, to and from the facility Caughlin Club Kidz @ 4100 Caughlin Parkway, Reno, Nevada to the various field trip locations. I understand that details of each field trip will be announced for each individual field trip; day, time, items needed, etc.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

POLICIES AND PROCEDURES

I, _____ have received a copy of the Parent Handbook (15 pages) with all of the Policies and Procedures in it. I fully understand it and agree to abide by all of the rules and regulations set forth in it.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

Termination of CHILDCARE

If you are terminating your child's enrollment from Caughlin Club Kidz you MUST give a FULL 30-day WRITTEN notice. If you do not give a written notice you will still be held responsible for paying 30-days after the last day of attendance, including any late fees.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

**WAIVER AND RELEASE OF LIABILITY
AND HOLD HARMLESS AGREEMENT
FOR PRIVATE TRANSPORTATION OR SUPERVISION OF MINOR**

Description of Activity:

Transporting Child by automobile or Caregiving Activities by any CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ Employee outside of the scope of their employment with CAUGHLIN CLUB MANAGEMENT PARTNERS.

It is understood this Waiver and Release and Hold Harmless Agreement relates to a private arrangement between the Employee and Parent related to transportation and/or caretaking activities. CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ ("CAC") is NOT party to the any Outside Services as defined below and receives NO monetary benefit.

Please read this form carefully and be aware in signing this waiver for your minor child/ward to be transported by automobile or to receive caretaking services through any agreement between you any employee of CAC including any activities associated therewith, you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of such arrangements or agreements and you will be required to indemnify, release, hold harmless and defend CAC for any claims arising out of such activities.

AGREEMENT:

In consideration of my minor child/ward being allowed to be transported by automobile, watched over, tutored, cared for etc. and all activities connected or associated therewith by a CAC Employee outside the scope of services where CAC is being directly compensated ("Outside Services"), as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with these Outside Services and I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of such Outside Services / arrangements and all activities connected or associated therewith.

I agree to waive and relinquish all claims on behalf of me and my minor child/ward that may arise against CAC or any CAC Employee as a result of any Outside Services.

I do hereby fully release and discharge CAC and its owners, officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of any Outside Services. I further agree to indemnify and hold harmless and defend CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ its officers, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with any Outside Services.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Minor/s

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

Date

Parent Handbook Agreement

This parent handbook consists of 17 pages including this one. Please be sure to read and understand ALL of it. If you have questions, please feel free to contact the Director regarding any comments or concerns.

Child's Full Name: _____ DOB: _____

Initial ALL below:

_____ Caughlin Club Kidz hours of operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 is charged for every minute I am late picking up my child.

_____ We are closed the following Holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, @4 p.m. the day before Thanksgivings day, Thanksgiving day and the day after, Christmas Day and the day before or day after. Closures are posted in advance.

_____ I understand that Caughlin Club Kidz is NOT a part of Caughlin Adventure Camp (School-age Program in the Caughlin Athletic Club). That program is not a licensed program and these programs are run separately with different Directors.

_____ I hereby agree to comply with the rules, policies and regulations of Caughlin Club Kidz regarding fees, schedules, attendance, health, clothing and other items specified in the Parent Handbook.

_____ I understand that if I am removing my child from attendance at Caughlin Club Kidz I MUST give a FULL 30-day WRITTEN notice. If I do not give a written notice, I will be held responsible for paying for the 30-days after the last day of attendance and all late fees.

_____ I understand that tuition is due by Monday morning unless other arrangements have been made. My credit card on file will be ran on Tuesday. If I do not have a card on file, I must pay on Friday before for the following week. If tuition has not been received on time, in advance, a \$25.00 late fee will be charged as of Tuesday morning.

_____ I understand that I am billed on a 52-week year and I am responsible for paying my child's tuition every week with no breaks. Only after ONE FULL YEAR, 52 weeks of attendance with no breaks in tuition and account in good financial status my family will receive a one-week vacation free of tuition payments. I MUST give at least a 30-day written notice of all vacations regardless of tuition fees and it MUST be approved by the Director prior to the vacation. The vacation MUST be taken in a one-week period (Monday through Friday). If your account has not been in good standings for a ONE-FULL year, your tuition will stay the same regardless of if my child attends or not.

_____ I understand that my account will automatically be charged on my child's annual enrollment date a registration fee of \$100 and in June a \$50 supply fee.

_____ I have read the illness policy and understand that I am responsible for keeping my child at home if he/she is ill. I also understand that I need to pick-up my child or make arrangements for my child to be picked up as soon as possible (within an hour) if I am called and they are ill.

_____ I understand that if I have a change in phone number, address, schedule, credit card, etc. a "Student Enrollment Change Form" must be completed as soon as possible. If I change my child's schedule a two week written notice is required. Prior to filling this form out, I will make sure there is availability in the classroom.

_____ I have read and understand the Biting, the Diapering, and Potty Training Policies and understand that we, as parents have to be involved with this process and will provide my child with what's needed daily to encourage my child's growth in this area of their development.

_____ I have read and understand the statement there will be **NO refunds** of ANY kind. **NO EXCEPTIONS!**

By initialing each of the highlighted statements and signing below I was given a full Parent Handbook and have fully read and understand all the policies and procedures in the Parent Handbook for Caughlin Club Kidz and agree to abide by all that is stated above.

Parent Print Name _____

Parent or Legal _____

Date _____



Parent Tuition Contract

This Tuition Contract is between _____ and **Caughtlin Club Kidz, Inc.** I choose the following program (initial one),

Description	Rates	Choose Plan
Starfish	(Full time ONLY)	
0-12 months - 5 full days	\$330.00	
Sea Lion		
12-20 months - 2 full days	\$225.00	
12-20 months - 3 full days	\$250.00	
12-20 months - 4 full days	\$280.00	
12-20 months - 5 full days	\$305.00	
Jelly Fish		
20-30 months - 2 full days	\$220.00	
20-30 months - 3 full days	\$245.00	
20-30 months - 4 full days	\$265.00	
20-30 months - 5 full days	\$290.00	
Sea Turtles		
30-40 months - 2 full days	\$205.00	
30-40 months - 3 full days	\$235.00	
30-40 months - 4 full days	\$255.00	
30-40 months - 5 full days	\$270.00	
Dolphins & Whales		
Preschool - 3 & up - 2 full days	\$175.00	
Preschool - 3 & up - 3 full days	\$205.00	
Preschool - 3 & up - 4 full days	\$245.00	
Preschool - 3 & up - 5 full days	\$260.00	

ALL Drop-in rates (MUST be Pre-paid)

Current Client Drop-In Rate		
Full Day	4 to 10 Hours	\$75.00

I am agreeing that my tuition for _____ is the above (agreed enrollment schedule) amount. I understand that the amount above is to be paid weekly with no breaks in tuition payment. I understand that I must pay my weekly tuition due weather my child attends or not (holidays, sick days, vacations, disasters, etc.). Tuition is due on Friday for the following week.

I also understand that I will automatically be charged an annual registration fee (\$100.00) on our anniversary and a supply fee (\$50.00) every June.

I understand that I have to give a WRITEN FULL MONTH (30 day) NOTICE to withdrawal or terminate my child's care and tuition and that ONLY after being with Caughtlin Club Kidz for a FULL year with my account being in good standings am I given a week free of childcare tuition. By signing below, I understand this contract to the fullest.

Parent Print Name

Parent or Legal Guardian Signature

Date



Walking Field Trip Permission Slip

Today's Date: _____

Child's Name _____ Child's Birthdate: _____

I, _____ am giving Caughlin Club Kidz teachers permission to take my child, _____ on WALKING field trips to any of the following destinations:

- On the Caughlin Ranch Nature Trail (nature walks and picnics)
- To the Caughlin Athletic Gym (gymnasium)
- Back of Caughlin Athletic Club (on grass)
- Swimming in Caughlin Athletic Club Pool
- Yogurt Beach (On McCarron)

from our facility, Caughlin Club Kidz Learning Center at 4100 Caughlin Parkway Reno, Nevada 89434 and back on any given day.

Emergency Contact: _____ Phone #: _____

Print Parent #1 Name

Parent #1 Signature

Date

Print Parent #2 Name

Parent # 2 Signature

Date



WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR PRESCHOOL, CAMPS

AND OTHER PROGRAMS FOR MINORS

Caughlin Club Management Partners, dba Caughlin Club Kidz is re-opening the preschool as an essential business in Nevada and is implementing additional procedures in an attempt to minimize the possibility of the transmission and spread of COVID-19. Even with enhanced procedures as recommended by various knowledgeable sources, there can be no assurance that the virus will not impact our facility, its children and their families. It is a known fact that certain infected people may be asymptomatic, and the virus is highly transmissible and even with extra precautions, it is not possible to provide 100% assurance the virus will not impact facility or your child.

READ CAREFULLY BEFORE SIGNING YOU ARE GIVING UP LEGAL RIGHTS

In consideration for and as an express condition for my child being granted permission to participate in Caughlin Preschool care, Adventure Camp camps, programs and field trips or to enter any premises in connection with programs offered by Caughlin Club Kidz and Caughlin Adventure Camp and all affiliated entities, and as a condition to participation in any related activities whether or not such activities are at or around the facility (collectively, "activities"), the undersigned enters into this agreement with Caughlin Club Management Partners, LLC, a Nevada limited liability company, doing business as "Caughlin Athletic Club, Caughlin Club Kidz and Caughlin Adventure Camp, (collectively "Caughlin Club") and agrees to the following:

CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS ASSUMPTION

OF RISK: I understand that anyone participating in any classroom or activity, whether at the Caughlin Club facilities, on a field trip or traveling to and from a field trip can potentially encounter and contract COVID-19, including from individuals carrying the virus or from airborne particles or particles on surfaces. I understand that the illness can be quite severe and can result in injuries of all kinds, including death, or serious disability. I understand these risks and dangers that are inherent in these activities, I consent to them, and **I agree to assume ALL of them**, on behalf of myself and/or my child(ren) whether listed on this agreement or not. I agree that I

and/or my child(ren) am voluntarily participating in the activities offered by Caughlin Club including, but not limited to, the use of the equipment, facilities and the premises.

WAIVER AND RELEASE OF LIABILITY: As lawful consideration for being allowed to engage in any of the aforementioned activities, now and in the future, I, on behalf of myself and my spouse, parents, heirs, representatives, assigns, minor child/children or legal wards, agree to each of the following:

- (a) I agree to assume full responsibility for any expenses, damages or losses of any kind that I or my child(ren) may sustain from contracting COVID-19;
- (b) I agree that Caughlin Club and its respective owners, directors, camp counselors, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, sponsors, groups and others acting on their behalf (hereafter referred to collectively as the "Releasees") shall not be liable for any losses, injuries, or damages that I (which includes the signer and signer's minor child/children or legal wards) may sustain as a result the potential exposure to COVID-19 while engaging in any of the activities; and
- (c) I fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) of any kind against the Releasees whether the claims are known, unknown, anticipated or unanticipated, and whether caused by the Releasees' ordinary negligence, any act or omission on the part of any Releasees, or other cause arising out of me or my child(ren)'s use of the preschool or engaging in the activities at the Releasees' facility (or elsewhere with regard to field trips) at any time (hereinafter the "claims"). This Waiver and Release of Liability includes claims pertaining to without limitation, any activities, instruction or supervision by Releasees resulting in potential contact with COVID-19 or other illnesses. This Release of Liability also expressly includes a release for any and all claims arising out of or under Nevada Law related to losses sustained from exposure to COVID-19. The term "damages," as used in this document, means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, or death. This document is intended to apply and be binding regardless of whether I or my child(ren) am/are participating in these activities, or are near enough to be in any way effected by them.

CONSENT TO ARBITRATION: If there are any disputes regarding or arising under this agreement, I, on behalf of myself and/or my child, hereby waive any right that I and/or my child may have to a trial and agree that such dispute shall be brought within one year of the date of this agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and pursuant to Nevada law. I further agree that the arbitration will take place solely in Washoe County in the state of Nevada and that the substantive law of Nevada shall apply.

INDEMNITY AGREEMENT. To the fullest extent permitted by law, I also agree to indemnify and hold harmless Releases against and fully reimburse them for any and all claims, demands, actions, liabilities, losses, or suits that are brought against the Releases related to COVID-19 which are in any way connected with participation in any of the aforementioned activities at any time, including claims that allege intentional or negligent acts or omissions of the Releases. This indemnification shall also include reimbursement of reasonable attorney fees incurred by the Releases or by others on their behalf. This Indemnity Agreement is made in accordance with Nevada law.

I agree that Nevada law applies to this document, and I agree that this document shall be enforced to the greatest extent permitted by law. If any clause conflicts with applicable law, only that clause will be null and void, but the remainder shall stay in full force and effect. This document can only be modified in writing and signed by me and Caughlin Club. I agree to pay any attorney fees and costs the Releases may incur to enforce this Agreement as it relates to me or my child(ren), and I agree to indemnify and hold harmless the Releases for such fees and costs.

I HEREBY REPRESENT:

- I AM THE PARENT/GAURDIAN OF THIS CHILD;
- I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS THAT AFFECT MY ABILITY TO READ AND UNDERSTAND THIS DOCUMENT;
- I HAVE READ THIS ENTIRE DOCUMENT (ALL THREE PAGES), AND I FULLY UNDERSTAND IT;
- I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS THIS DOCUMENT AND ITS CONTENTS WITH MY LEGAL COUNSEL BEFORE SIGNING;
- I INTEND FOR THIS DOCUMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE;
- BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE BECOMES ILL BY MY PARTICIPATION AND/OR THAT OF MY MINOR CHILD/CHILDREN IN ANY OF THE ACTIVITIES, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO BRING A LAWSUIT AGAINST ANY OR ALL OF THE RELEASED PARTIES; AND
- ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF MINOR PARTICIPANT.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS ASSUMPTION OF RISK WAIVER AND RELEASE OF LIABILITY, CONSENT TO ARBITRATION AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND OR MY CHILD(REN) TO BRING ALLEGATION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND RELATED TO COVID-19 AGAINST CAUGHLIN CLUB. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT WILL BE RESPONSIBLE FOR ALL ATTORNEYS FEES AND DEFENSE COSTS INCURRED BY THE RELEASEES IN CONNECTION WITH OF IN THE DEFENSE OF THAT CLAIM.

Child's Name: _____ Child's D.O.B: _____

Parent Signature

Parent Printed Name

Date

****THIS IS REQUIRED OF ALL**

Child's Name:

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) CAUGHLIN CLUB KIDZ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date CCV

CREDIT CARD FEES

Visa & Discover 3.5%
American Express & Discover 4%

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
----------------------	------

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

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