Sioux Falls Lutheran School
308 W. 37th Street
Sioux Falls, SD 57105
(605) 335-1923 www.siouxfallslutheran.com

PRESCHOOL TUITION PAYMENT PLAN 2019-2020

Please make arrangements to pay tuition for your child by the year, by the semester or by the month. Tuition paid for the year by *August 29, 2019* will be discounted 2% or the semester by *August 29, 2019 and January 10, 2020* will be discounted 1%.

To pay tuition monthly, please complete this Authorization Form for a monthly tuition withdrawal from a checking or savings account, or a monthly credit card transaction.

Please contact the school office at (605) 335-1923 if you have any questions.

AUTHORIZATION FORM

School/Organization Name: **SIOUX FALLS LUTHERAN SCHOOL**

The Simply Giving® Program endorsed by THRIVENT FEDERAL CREDIT UNION®

FAMILY NAME:	***DATE:***

Effective date of authorization: _____/_____/_____ Name of student(s): _____

Type of Authorization Form:	❑ New Authorization	❑ Change banking information
	❑ Change payment amount	❑ Discontinue electronic payment
	❑ Change payment date	

Last Name:	First Name:	
Address:		
City:	State:	Zip:
Email:		

TUITION PAYMENT PLAN (please check one):

❑ **9 Month Plan** (Sept. through May) ❑ **Semester** (Sept. and Jan. --2 payments) ❑ **Year** (Sept. -- 1 payment)

Date of first payment: _____/_____/_____ **Date of last payment** (optional)**:** _____/_____/_____	**Payment frequency:** ❑ Monthly on _____ ❑ Semi-Monthly (transferred on 1st and 15th of each month)	**Amount of first payment:** **Amount of ongoing payment:** **Amount of last payment** (optional)**:**	$ _____ $ _____ $ _____

CHECKING / SAVINGS

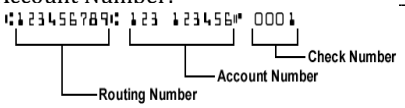
Please debit payment from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account —**Please staple a voided check below if you are using a checking account.**

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

CREDIT CARD

Card Brand (check one):	❑ Visa	❑ MasterCard	❑ Discover Card	
Credit Card Number:				Expiration Date:
Name on Card:				
Billing Address (if different from above):				

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): ☒_____ Date: ☒_____

More information on back side

Sioux Falls Lutheran School • 308 W. 37th Street • Sioux Falls, SD 57105 (605)335-1923 •
• www.siouxfallslutheran.com • www.sycamoreeducation.com •

Tuition Contract 2019-2020
Kid's Day Out, Preschool, Fantastic Fives and Enrichment

The tuition payment policy for Sioux Falls Lutheran School is as follows:

- Preschool Enrollment fees are due at the time of enrollment.
- Cafeteria balances are due by the end of each month. Parents are encouraged to maintain a credit balance in this account for use by the student for lunches and milk.
- Afterschool care (A-OK) balances are to be paid each month. If timely payments are not made, the parent will be informed that the child cannot attend A-OK.
- Tuition, afterschool care fees, and cafeteria balances that are more than 60 days past due are considered in default. A written notice of default will be sent to the parent/guardian. Upon receipt of the written notice, the parent/guardian will have 10 days to pay the past due balances in full or make satisfactory arrangements to pay. If payment is not received, or arrangements made, the child will not be allowed to participate in Preschool or Enrichment.
- A $25.00 fee will be charged for returned checks or credit card charge return.
- A late payment fee of $50.00 will be charged for payments in default.
- All fees must be current to enroll for the next school year.

CONTRACT

Parent(s)/Guardian's Name: _____

Student(s) Name: _____ Grade(s) _____

METHOD OF PAYMENT:

☐ **Annual:** Due ***August 29, 2019*** (eligible for a 2% discount)

☐ **Semester:** Due ***August 29, 2019*** and ***January 10, 2020***. (eligible for a 1% discount)

☐ **Monthly:** 9 payments by **Electronic Funds Transfer EFT** or **Credit Card charge.**
(Please attach a voided check or complete payment authorization form on reverse side).

☐ **Other:** Must be arranged and approved by school Business Office

PLEASE SIGN AND RETURN TO THE SCHOOL BUSINESS OFFICE.

I have read the tuition schedule and the tuition contract. I agree to abide by the conditions set forth:

☒_____ ☒_____
Parent/Guardian Signature Date