KINDERCAPERS PRESCHOOL
253 GRIGGSTOWN ROAD
BELLE MEAD, NJ 08502
908-359-0160

KINDERCAPERS' PAYMENT OPTIONS

I choose the following payment option: By indicating below CKS will begin to bill in this manner starting the week of August 1, 2016 for the 2016-2017 school year.

Child's Name:_____

Phone:_____

Address:_____

Please check one:

◊ Payment in full, due August 2016

◊ I would like to make 2 tuition payments.: August 2016 and January 2017. I will be billed.

◊ 10 equal ACH withdrawals directly from my bank account , indicated below, August 2016 through May 2017
I am new to ACH and I have included a voided check to initiate this process.

I give permission to CKS to deduct tuition fees by the 5th of each month beginning August 2016 ending May 2016.

Your name (s) on account_____

Name of Bank_____

Bank Routing Number :_____

Bank Account Number: _____

Signature_____ Date_____