

Mail completed form to:
Keri Layman
Christ Lutheran Church
2314 East Main St.
Bexley, OH 43209



Fax completed form to:
614/ 235-2003

Tuition Enrollment and Authorization Form 2026/2027

Complete This Section for ALL Enrollments: (Please print)

Parent's Last Name	Parent's First Name	Middle Initial	
Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		
Check the appropriate box: ☐ New enrollment/authorization ☐ Change in authorized amount ☐ Change in account			

Name of Institution Receiving Tuition Payment Christ Lutheran Church DBA Christ Lutheran Children's Center	Street Address 2314 East Main St.	
City Bexley	State OH	ZIP Code 43209
Full-Day Payment Options: Start Date Aug 12 – May 28 _____ Weekly payments of \$ _____ due every Monday _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).	5 Part-Day Payment Options: Start Date Aug 12 – May 28 _____ Monthly payments of \$ 400 - due the 15 th of every Month (9 mo.) _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).	

CREDIT CARD	Please charge my Tuition to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

CHECKING / SAVINGS	Please debit my tuition from my (check one): ☐ Savings Account (contact your financial institution for Routing #) ☐ Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
		Account Number: _____
		 Routing Number Account Number Check Number
	I authorize the above organization and Vanco Services, LLC 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: _____	

