



Honey MacCallum Christian Preschool

23421 Kingston Creek Road, California, MD 20619

301-863-8600

www.hmcpreschool.com

A ministry of Patuxent Presbyterian Church

HMC Tuition Agreement/Payment Authorization (Office Copy)

A NON-REFUNDABLE Registration fee of **\$140** is due upon Registration.

AM 3s and MMO (2 Days):	\$185/month
AM 3s and MMO (3 Days):	\$205/month
AM PreK 4s (5 Days):	\$300/month
STAY & PLAY (one day per month)	\$10/session

- The 1st tuition payment (for September) is due by May 1st to secure your child's place and is NON-REFUNDABLE. ***Student must show up for Orientation and begin regular attendance to keep the space in class.*** (Exceptions may be approved by Director.) **Nonpayment of tuition by May 1st forfeits your child's space in the class.**
- Tuition is due on the 1st of each month, beginning October 1st and ending May 1st.
- Payment Options:
 - **Recommended (no fee to HMC)**
 - Recurring automatic ACH debit from your bank account monthly
 - Also available (fee to HMC)
 - Credit or debit card recurring
 - Payment Authorization Form attached (or available on website under Enrollment)
- Tuition is due regardless of child's attendance, school breaks, or inclement weather.
- HMC does not do refunds for snow or inclement weather days.

Child's Name _____

I agree to pay tuition in a timely manner according to the school financial policies stated above. I have received a copy of this Payment Information/Authorization.

Parent/Guardian Signature

Date

OFFICE COPY

AMOUNT: _____

Honey MacCallum Christian Preschool
Authorization Agreement for Single Payments/Recurring Payments
Credit Card or ACH Debit Payments

I/We hereby authorize Honey MacCallum Christian Preschool (*Patuxent Presbyterian Church*) to initiate automatic debit entries to my credit card or checking/savings account as indicated below, at the depositories named below. (For ACH Debits please attach a voided check. Your request will not be processed without it.) This includes Registration Fees, Tuition, and Stay & Play. Debits will be made on the 1st of the month or the first business day of that month.

ACH Bank Name _____
 Bank Transit (Routing) ABA Number _____
 Account Number _____
 Account Type (Indicate Checking or Savings) _____

OR

CC Name on Credit Card _____
 Credit Card Number _____
 Credit Card Expiration _____

This authorization is to remain in full force and effect during months where tuition is due and the student is enrolled or until the Director of Honey MacCallum has received written notification from me/us of unenrollment PRIOR TO 48 hours of scheduled automated payment. I/We understand that it is my responsibility to notify the Director of Honey MacCallum of any changes to my credit card or banking information in writing.

ACCOUNT HOLDER MUST SIGN THIS AUTHORIZATION BELOW:

Signed: _____ Date: _____

Printed Name: _____ Child's Name _____

Preferred Email: _____ Phone: _____

*****PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT BEING DEBITED.*****