



## DUC AFTER SCHOOL CARE BILLING INFORMATION

First Child's Name: \_\_\_\_\_

Second Child's Name: \_\_\_\_\_

Third Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is your child an LRAC member?  Yes  No

**Fee:** Kid's Club Member \$44 per week  
LRAC Member \$48 per week  
Non-Member \$52 per week  
*All siblings receive a 10% discount.*

### Method of Payment:

I authorize the LRAC to draft my \_\_\_\_\_ LRAC Club account \_\_\_\_\_ bank account \_\_\_\_\_ credit/debit card (select one and complete the appropriate information below) for payment of my after school care charges. I understand that my entire after school care balance will be automatically drafted on the 10th of every month.

**Signature:** \_\_\_\_\_

**LRAC Club Account Option** (for members only/account must be current): Member # to be charged: \_\_\_\_\_

**Bank Draft Option** (Please attach a voided check to ensure accuracy in processing.)

Bank Name: \_\_\_\_\_

Name as Shown on Bank Account: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

### Credit/Debit Card Option

Name as Shown on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### LRAC USE ONLY

First Child: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (# of days attending per week) 3 2

Second Child: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (# of days attending per week) 3 2

Third Child: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (# of days attending per week) 3 2

Swim Lessons: \_\_\_\_\_

Swim Team: Developmental I II III

Tennis: Lesson(s) per week 1 2

Christmas Break \_\_\_\_\_ Spring Break \_\_\_\_\_ Last Day of School \_\_\_\_\_