



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

Swimming: Developmental I II III Tennis: Lesson(s) per week 1 2

Christmas Break _____ Spring Break _____ Last Day of School _____