



Infant Registration Form

Child's Name _____

Child's Birthdate _____ or Expected Due Date _____

Mother's Name _____

Father's Name _____

Mother's Number _____ Father's Number _____

Address _____

City/State/Zip _____

Email _____

Anticipated Date of Admission _____

Parent's Signature _____

Registration Fee

A non-refundable enrollment fee of \$100 is due with the registration form.

Please complete the registration form and accompanying ACH form, attach the registration fee, and mail to the EEC at the address listed below.

Please Note:

In the event of lack of space in a class, ALL registration materials will be processed in the order they are received.





Authorization Agreement for Automatic Withdrawals (Debits)

Payments:

Amounts which are due in the Early Education Center must be made by ACH. This document authorizes the ACH withdrawals, which will occur on:

- ☐ the first business day of each month, August – April, for Day School
- ☐ the 20th of each month for Extended Care
- ☐ each Monday for Full-Time Care

I hereby authorize First Presbyterian Church, to debit my _____ checking or _____ savings (select one) account for the specific purpose of obtaining funds that are owed as a result of services that we have used from First Presbyterian Church Early Education Center, and if necessary to initiate credit entries and adjustments for any debit entries in error.

Financial Information:

Bank Name: _____

Bank City: _____ State: _____ Zip: _____

Routing (ABA) Number: _____

Account Number: _____

I understand that if I change banking relationships or leave the Early Education Center, I must provide 10 days written notification to First Presbyterian Church of Fort Worth in order to cancel this ACH transaction.

Parent's Name: _____

Signature: _____

Date: _____

Please attach a voided check here.