Child’s Name: ____________________________________

2021-2022 Tuition Express Payment Authorization

<table>
<thead>
<tr>
<th></th>
<th>CJP Monthly Tuition (unaffiliated)</th>
<th>Single Affiliation Monthly Tuition (Member of one of the following: LJCC, TBE, or TI)</th>
<th>Dual Affiliation Monthly Tuition (Member of two of the following: LJCC, TBE, or TI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Day Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>7am to 6 pm, Monday to Friday</em></td>
<td>Payments are July-May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>$1,650</td>
<td>$1,596</td>
<td>$1,578</td>
</tr>
<tr>
<td>Ones</td>
<td>$1,550</td>
<td>$1,496</td>
<td>$1,478</td>
</tr>
<tr>
<td>Twos, Threes, &amp; Prekindergarten</td>
<td>$1,490</td>
<td>$1,436</td>
<td>$1,418</td>
</tr>
<tr>
<td><strong>Half Day Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9am to 1pm</td>
<td>Payments are August-April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three-Day Twos</td>
<td>$656</td>
<td>$631</td>
<td>$620</td>
</tr>
<tr>
<td>Monday, Wednesday, &amp; Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five-Day Twos, Threes, &amp; Prekindergarten</td>
<td>$811</td>
<td>$775</td>
<td>$757</td>
</tr>
</tbody>
</table>

Monthly Tuition to be drafted: ___________________ Date to be drafted (circle one): 1st /10th

Bank Draft or EFT (Electronic Funds Transfer)

I hereby authorize the Charlotte Jewish Preschool to initiate and execute a monthly EFT as per the schedule listed above. I understand my account will be drafted for tuition and any outstanding fees. I authorize my banking institution to debit my account for the amount indicated above. I understand and agree that if I close my account or stop payment on my EFT that I will be obligated to pay the balance of my fees immediately. If for any reason my draft should not be honored, I will be responsible for the draft amount plus a $3.50 service fee.

I understand my account will be drafted on date listed above.

Name: ____________________________________________

Phone Number: ____________________________________

Signature: _________________________________________

Attach voided check here

A VOIRED CHECK MUST BE ATTACHED TO THIS FORM TO PROVIDE ACCOUNT INFORMATION