



THE MONARCH SCHOOL
AND INSTITUTE

Summer Program Application 2018

Current Families Only

Application Deadline: Monday, April 30th

Return all Applications and Payment to the Butterfly and TS Program Assistant,
Donna Wilson.

STUDENT INFORMATION

First Middle Last

Date of Birth Age

Parent(s) Names:

Address

City State Zip Code

Cell Phone: Work Phone: Home Phone:

T-shirt size: Adult S M L XL
(Circle one) Child S M L XL

By signing below, I am verifying that school records currently on file contain current medication regime and professionals. I understand that it is my responsibility to keep all records current.

Parent/Guardian/Legal Representative Signature

Date

Applicant Signature

(if student is over the age of 18 and no Legally Authorized Representative is signing on their behalf)

Date

PAYMENT OPTIONS

Please reserve a spot for my child at Monarch for the 2018 Summer Program. I understand that the **\$250 deposit** is for the purpose of holding my child's space in the program. I understand that this amount is applied towards the full cost of tuition, and is not an additional fee. **If I choose to withdraw my application after May 21, 2018 the tuition is non-refundable.**

Transition Services (Post Graduate)

	Transition Services Day Program Only	Monarch Student Rate	Choose form of payment:
	Monday- Thursday 8:30 to 3:30 pm	\$2980	<input type="radio"/> Enroll with \$250 deposit by check now and pay balance by May 21, 2018
	Current Residential Learners Only	Monarch Student Rate	<input type="radio"/> I am paying in full by check now (enclosed)
	Monday- Thursday 8:30 to 3:30 pm	\$1515	<input type="radio"/> I am paying in full now by direct deposit (Direct Debit form is attached)
			<input type="radio"/> I am paying via FACTS option (Credit Card)
			<input type="radio"/> Deduct full amount from the account listed on file with the Business office



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AUTHORIZATION AGREEMENT FOR ACH DEBIT

This automated payment service administered by The Monarch School will deduct payments directly from the account you designate on the form.

Student Name: _____

I (we) hereby authorize The Monarch School, hereinafter referred to as “School,” to initiate ACH debit transactions to my (our) account:

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking **Savings** **Other**

This agreement will remain in effect until the School has received written notification of its termination, or upon which time parent(s)/guardian(s) provides new banking information by filling out a new Authorization Agreement. *Please attach a voided check.*

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date