

2025-2026 Kingdom Kids Form
Before and After School Care
Growing faith in Jesus through scripture



(Only complete if signing up for after school care.)

I (please print name) _____ authorize **Our Savior Christian Academy (OSCA)** to charge my bank account the amount indicated below each billing period. A receipt for each payment will be provided upon request and the charge will appear on my bank statement as an "ACH Debit". I agree that no prior-notification will be provided unless the date or amount changes, in which case I will receive notice from OSCA at least 10 days prior to the payment being collected.

Session	Annual Cost	10 Monthly Payments (August 2025-May 2026)
After School	\$2,000	\$200

- OSCA will add this cost to your tuition payment and use the same banking information and schedule as the tuition payments.
- I understand that this authorization will remain in effect until I cancel it in writing and all tuition and fees are paid in full.
- I agree to notify OSCA in writing of any changes in my account information at least 15 days prior to the next billing date.
- I agree to notify OSCA in writing of termination of this authorization at least 30 days prior to the next billing date.
- If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
- For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.
- In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that OSCA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$45 charge for each attempt to collect on a returned NSF which will be initiated as a separate transaction from the authorized recurring payment.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
- I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.
- Kingdom Kids hours will follow the school schedule, including holidays and inclement weather days.

ADDITIONAL AMOUNT AUTHORIZED:

Account Holder's Signature: _____

Date: _____

Parent/Guardian Initials _____