2023-2024



PRIMARY INFORMATION						
Student Name 1: Grade:		Student Name 2: Gra		Grade:	Student Name 3:	Grade:
Parent/Guardian Last Name:		Parent/Guardian First Name:				
Primary Address:						
City:		State:			Zip Code:	
Email:				Phone:		
CTER	4 - 651 567 A 71 117 10 N DAVA	ALT DI AAI (I. II				
STEP 1: SELECT A TUITION PAYMENT PLAN (Indicate your preferred payment plan)						
				due on <u>10th of each month</u> due on <u>20th of each month</u>		OR
SPLIT MONTHLY PAYMENT PLAN: 1/2 Due on the 10 th of each month in the amount of \$						
STEP 2: SELECT A TUITION PAYMENT METHOD (Indicate your preferred method of payment)						
B N K A C C O U N T	Please debit payment from my (select one): CHECKING ACCOUNT (provide a voided check) SAVINGS ACCOUNT (contact your financial institution for routing number) Lauthorize MCL to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: Date:					
C A R D P A Y M E N T	A 3.00% convenience fee will be added to all credit/debit card transactions over \$100. Visa MasterCard American Express Discover Expiration Date: CVC#: Card Number: Billing Address (if different from above):					
	Authorized Signature:			Date:		