



Welcome to Eastridge Christian School

Preschool through Kindergarten

Linda Gibbs, Director

24205 SE Issaquah-Fall City Road, Issaquah, WA 98029

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Email: Info@EastridgeChristianSchool.com

Web: www.EastridgeChristianSchool.com

2020-21 KINDERGARTEN REGISTRATION

Thank you for your interest in Eastridge Christian School!

Please fill out all the pages in your packet completely, even if you are a returning student.

YOUR CHILD'S IMMUNIZATION RECORD AND BIRTH CERTIFICATE ARE DUE AT THE TIME OF ENROLLMENT. THEY MUST BE INCLUDED WITH YOUR PAPERWORK IN ORDER TO ENROLL YOUR STUDENT.

We offer a quality Christian full-day kindergarten program from 9:15-3:15 pm. Our kindergarten class is taught by a Washington State certified teacher and our curriculum aligns with the Issaquah and Lake Washington School Districts. Classroom size is limited to 16 students with two teachers. This provides an environment for individualized instruction to build on your child's strengths.

New-Your child must be five (5) years of age by November 1st, 2020 to enroll in our kindergarten program.

All applicants will be assessed in the spring to determine readiness for our kindergarten program.

Registrations are accepted on a first-come, first-served basis and we require a \$325 non-refundable Registration Fee at the time of enrollment. The Registration Fee payment will be processed electronically at the time of enrollment. Tuition is \$865 per month. *Please note that if you withdraw your child, the Registration Fee is non-refundable.*

All Eastridge Christian School payments will be processed electronically. **Please be sure to submit the appropriate Tuition Express form with your paperwork at the time of enrollment.**

If you have any questions, please call or email us at any time. Thank you again for your interest in Eastridge Christian School. We look forward to serving you in any way we can.

FOR OFFICE USE ONLY

Class: _____
 Tuition Code: _____
 Tuition Amount: _____
 Immun. Form: _____
 Birth Certificate: _____
 Tuition Express: _____
 Assessment: _____

eastridge
 christian school
A ministry of Eastridge Church
 24205 SE Issaquah-Fall City Road, Issaquah WA 98029
 425.270.6329

KINDERGARTEN REGISTRATION SCHOOL YEAR 2020-21

Welcome to Eastridge Christian School (ECS)! Here at ECS, we make it our mission to partner with you as the parent or guardian to give your child a meaningful and rich Kindergarten experience. ECS is an extension of Eastridge Church, a place where families like yours gather to worship God, grow in their faith, and serve others. We are committed to giving children a safe and loving environment where they can learn and grow in all areas of their lives.

The questions, consents, disclosures, and liability waiver below are important for you to answer and understand and are required to be completed in order for your child to be enrolled at ECS. We want you to feel comfortable with your child here at ECS, so if you have any questions about the registration process, please ask and we would be happy to help you.

Child's Name: _____ Gender: ☐ M ☐ F
 Child's Name to be called at school: _____ Birth Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Parent/Guardian #1

Last Name: _____ First Name: _____
 Relationship to Child: ☐ Mother ☐ Father ☐ Step-parent ☐ Grandparent ☐ Other: _____
 Mark all that apply: ☐ Child lives with ☐ Emergency contact ☐ Authorized to pick-up
 Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other: _____
 Email Address: _____
 Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian #2

Last Name: _____ First Name: _____
 Relationship to Child: ☐ Mother ☐ Father ☐ Step-parent ☐ Grandparent ☐ Other: _____
 Mark all that apply: ☐ Child lives with ☐ Emergency contact ☐ Authorized to pick-up
 Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other: _____
 Email Address: _____
 Home Phone: _____ Cell: _____ Work: _____

IMMUNIZATION RECORDS ARE DUE AT TIME OF ENROLLMENT AND MUST BE INCLUDED WITH THIS PACKET IN ORDER TO ENROLL YOUR STUDENT.

Emergency Contacts and Authorized Pickup Information**Contact #1**

Last Name: _____ First Name: _____ Gender: ☐ Male ☐ Female
 Relationship to Child: ☐ Grandparent ☐ Care Giver ☐ Family Friend ☐ Neighbor ☐ Other: _____
☐ Emergency contact ☐ Authorized to pick up ONLY with parent confirmation
☐ Authorized to pick up any time without a call to the parents
 City: _____ State: _____
 Phone: Home: _____ Cell: _____ Work: _____

Contact #2

Last Name: _____ First Name: _____ Gender: ☐ Male ☐ Female
 Relationship to Child: ☐ Grandparent ☐ Care Giver ☐ Family Friend ☐ Neighbor ☐ Other: _____
☐ Emergency contact ☐ Authorized to pick up ONLY with parent confirmation
☐ Authorized to pick up any time without a call to the parents
 City: _____ State: _____
 Phone: Home: _____ Cell: _____ Work: _____

Emergency Information and Medical Consent

Child's Name _____ Birth Date _____
Parents'/Guardians' Names _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
Cell Phone (Dad) _____ (Mom) _____
Work Phone (Dad) _____ (Mom) _____

*Food Allergies _____
*Other Allergies _____
*Health Issues/Concerns _____
Regular Medication _____

*** IMPORTANT NOTE:** *You must fill out a yellow Allergy Alert Form if any of these apply (available in the office).*

Health Insurance Information: Insurance Company _____
Group Number _____ Subscriber Number _____
Subscriber Name _____ Child's Physician _____
Hospital Preference _____

If there is a serious or life-threatening emergency, do you authorize Eastridge Christian School staff to call 911? [] Yes [] No

Note: It is understood that the parent/guardian assumes all financial responsibility of expenses incurred as a result of accident or medical emergency. In the event of an emergency requiring treatment for any child under the age of 18, hospitals are required by law to reach you for authorization to medically treat your child except in life-threatening cases. Only a parent or legal guardian may give this authorization. If you are not available to sign the consent and cannot be reached within a reasonable amount of time, you can insure emergency treatment for your child by completing this Emergency Information and Medical Consent page. In the event of a medical emergency, this record will accompany your child to the hospital so that prompt emergency treatment can be given.

.....
I, _____, (parent/guardian) authorize all medical, surgical, diagnostic, and hospital procedures may be performed or prescribed by a treating physician as deemed medically necessary for _____ (child's name) if I cannot be reached in the case of an emergency.

Parent/Guardian Signature _____
Cell Phone Provider _____

We request this information as part of our emergency communication procedure in case we need to send out an all-school text in the event of emergency.

Is there anyone who does not have permission to pick up your child? *If applicable, a copy of supporting court documents must be on file.*

Last Name _____ First Name _____ Gender: [] Male [] Female
Reason _____

Parent/Guardian Signature _____

Parental Consent

I understand that my child, as a part of my child's school experience, may participate in field trips away from the school campus and that information regarding these field trips will be provided prior to the field trip. Further, I understand that transportation will be my responsibility to and from these events.

I understand that my child may be photographed while at school or on field trips for use on hallway and classroom bulletin boards and occasionally in art projects. I understand that individual and class pictures will also be offered two times per year. My child may be asked to participate in video productions to be used as ministry advertisement within the school or church. I understand that my child's name will not be attached to any photo or to the Eastridge Christian School/Eastridge Church website without my consent (**signature below gives your consent**).

I understand that it is my sole responsibility for any medical expenses associated with injuries or sickness sustained while at school or while participating in school events. I agree to hold Eastridge Christian School, Eastridge Christian Assembly, its directors and employees harmless for claims of liability while my child(ren) is/are at the school or in the care of the school's staff.

Eastridge Christian School requires a 30-day written notice to withdraw enrollment. I agree to notify the school office via email of my child's withdrawal no less than 30 days prior to the withdrawal date. Tuition refunds will not be issued for partial months of attendance or for early departure in May or June.

Parent/Guardian Signature _____

For new students, how did you learn about our school?

☐ Friend/referral Name: _____

☐ Website

☐ Sign

☐ Attend Eastridge Church

☐ Other: _____

Are you interested in learning more about Eastridge Church? ☐ Yes ☐ No

Tuition Payment Processing

Tuition is \$865 per month. The tuition rate structure is based on ten equal payments (August – May). Tuition is prepaid monthly on the 1st of each month (i.e., September is due August 1st, January is due December 1st, June is due May 1st, etc.).

A 10% discount is available for families with more than one student enrolled in our program. The lowest tuition amount is discounted. Refunds or credits will not be given for absences, illness, vacations, or school closures due to weather or emergency situations.

All school fees (including, but not limited to: tuition, field trips, special events) are processed electronically through Tuition Express, a service of Procure. *Payments are not accepted in the office.* Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments require an additional processing fee of 3% while bank drafts require no additional fee. Please make your selection using the included forms.

Pre-payments will be processed electronically on the 1st of each month. If other arrangements need to be made, please contact the office immediately. *Please note that a \$35 fee will be assessed on all returned or declined payments.*

Tuition refunds will not be issued for partial months of attendance or for early departure in May or June. Kindergarten August payment is non-refundable after Aug 1st payment has been processed.

Financial Agreement:

I understand that tuition is due on the 1st of each month and that a fee of \$35 will be assessed on all returned or declined payments.

I agree to pre-pay monthly tuition of \$865 on the 1st of each month during my student's enrollment at Eastridge Christian School. I understand the Registration Fee of \$325 will be processed electronically upon enrollment with Eastridge Christian School and is **non-refundable**.

I also understand that all applicable school fees are added to my account as they are incurred and processed electronically on a monthly basis along with the tuition payment.

Parent or Legal Guardian Signature: _____ Date: _____

Eastridge Christian School welcomes students of any race, color, and national or ethnic origin.

Confidential Teacher Referral for Kindergarten Applicant



Please have current teacher complete

Student's Name _____ Date _____
Name of Teacher _____ Name of Preschool _____

The above named student is applying for admission to the Eastridge Christian School Kindergarten program. It would be helpful to know more about the student's emotional, social, physical, and intellectual growth. We realize that completing this form is not part of your official duties, and therefore we are particularly grateful for your time and attention. Your comments will be held in strictest confidence.

Teacher: Please do not fill out this form prior to June 1st. We have included a self-addressed envelope for you to mail this directly back to us no later than June 30th.

Emotional Maturity The Child:	Consistently	Frequently	Developing	Not Yet
1. Separates from parents without difficulty				
2. Shows interest/attention to classroom activities				
3. Makes eye contact with adults				
4. Makes activity choices without teachers help				
5. Allows behavior to be redirected				
6. Expresses anger/frustration in words rather than actions				
7. Shares ideas, feelings, and stories with teachers				
8. Attends whole class, adult-directed activity for _____ minutes				
9. Participates in small group, adult-directed activity for _____ minutes				

Social Maturity The Child:	Consistently	Frequently	Developing	Not Yet
1. Plays by him/herself				
2. Plays parallel to others				
3. Plays cooperatively with a group				
4. Takes turns with toys or activities				
5. Shows concern for classmates				
6. Helps another do a task				

Physical Maturity (Large Motor) The Child:	Consistently	Frequently	Developing	Not Yet
1. Walks down steps with alternating feet				
2. Runs with control and with speed and direction				
3. Climbs up and down equipment with ease				
4. Hops forward on one foot				
5. Claps hands in rhythm to a beat				

Physical Maturity (Small Motor) The Child:	Consistently	Frequently	Developing	Not Yet
1. Shows hand preference (please mark left or right)				
2. Picks up and inserts objects with ease				
3. Uses drawing/writing tools with control				
4. Uses scissors with control				

Intellectual Maturity The Child:	Consistently	Frequently	Developing	Not Yet
1. Recognizes basic colors				
2. Recognizes basic shapes				
3. Recognizes numerals 0 - 10				
4. Sorts objects by different attributes				
5. Shows an interest in books				
6. Follows two or more directions				
7. Works independently				
8. Recalls words to songs and rhymes				
9. Uses age appropriate language				

1. Are you aware of any special education services this student has had or may need? (i.e., speech or language, physical or occupational therapy, learning disabilities, etc.): _____

2. If behavior is an issue, what behavioral guidance have you found to be effective? _____

3. Do you recommend this child go to Kindergarten? ☐ Yes ☐ No

a. If not, why not? _____

b. Have you discussed these concerns with the parents? _____

Teacher Signature

Date

Thank you for taking the time to complete this form.

Please return this form to: Eastridge Christian School
Attn: Linda Gibbs, Director
24205 Issaquah Fall City Road
Issaquah, WA 98029

May we contact you if we need additional clarification? ☐ Yes ☐ No

The best number to reach you is: _____ (home or school?)

Tell us about your child!

Please answer all questions. A copy of this section will be given to your child's teachers to help them get to know your child better.

Child's Name _____ Birth Date _____

Projected school for kindergarten _____

Siblings? ☐ Yes ☐ No Name(s): _____

Primary language spoken at home: ☐ English ☐ Other: _____

Children must be restroom independent. At our school, this means that they can tell a teacher they need to use the restroom, get their clothes off and on by themselves to use the toilet, and wash their hands independently. **NO PULL-UPS OR DIAPERS**

Does your child take total responsibility for their restroom needs? ☐ Yes ☐ No

My child has participated in the following preschools, schools, and/or programs: _____

My child receives the following outside services, i.e., speech therapy, occupational therapy, etc:

Please list type of therapy: _____

Name of Therapy Group: _____

Does your child have an IEP (Individualized Education Program)? If yes, explain: _____

Does your child have food or other allergies? Explain _____

How do you view your child's behavior? _____

What form of discipline do you use at home? _____

Additional information you feel we should know to better understand and work with your child:

Please check any that may apply ☒

☐ My child warms up quickly to new people.

☐ My child takes time to get to know new people.

☐ My child is generally quiet.

☐ My child is generally verbal

☐ My child likes crafts.

☐ My child likes gross motor activities.

☐ My child loves to sing / play instruments.

☐ My child likes fine motor activities.

☐ My child does not like loud noise.

☐ My child is afraid of: _____

For new students, how did you learn about our school?

☐ Friend/referral Name: _____

☐ Website

☐ Sign

☐ Attend Eastridge Church

☐ Other: _____

Are you interested in learning more about Eastridge Church? ☐ Yes ☐ No



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YY):

Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required

Date

Parent/Guardian Signature Required

Date

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

Date MM/DD/YY Date MM/DD/YY Date MM/DD/YY Date MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)

◆ Tdap (Tetanus, Diphtheria, Pertussis)

◆ Td (Tetanus, Diphtheria)

◆ Hepatitis B

□ 2-dose schedule used between ages 11-15

● Hib (Haemophilus influenzae type b)

◆ IPV / OPV (Polio)

◆ MMR (Measles, Mumps, Rubella)

● PCV / PPSV (Pneumococcal)

◆ Varicella (Chickenpox)

□ History of disease verified by IIS

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)

Hepatitis A

HPV (Human Papillomavirus)

MCV / MPSV (Meningococcal)

MenB (Meningococcal)

Rotavirus

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

□ a verified history of Varicella (Chickenpox).

□ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

□ Diphtheria □ Mumps □ Other:

□ Hepatitis A □ Polio

□ Hepatitis B □ Rubella

□ Hib □ Tetanus

□ Measles □ Varicella

Licensed healthcare provider signature Date (MD, DO, ND, PA, ARNP)

Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- ☐ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list: visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/complete/fvaccine/names.pdf>

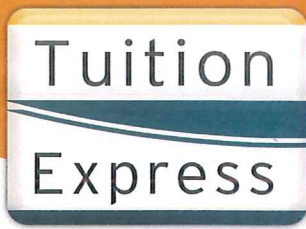
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homenage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)		
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)		
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td		
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB		
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B		
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A		
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella		
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B				

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



TUITION EXPRESS

Automatic Payment Processing Safe — Convenient — Easy

Eastridge Christian School is excited to offer you the convenience of Tuition Express — an automated payment processing system to pay tuition and fees electronically.

Tuition Express is a Payment Card Industry Level 1 Service Provider and it is the premier payment processing solution in the child care/early education industry.

- Check your balance online
- Free email payment statements
- Over 12 million safe transactions since 2003

Since 2003, Tuition Express has safely and conveniently processed billions in tuition and fee payments. Your account information is safe. Write checks no more. And easily have your payment made on time, every time.

Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments will require an additional 3% processing fee while bank drafts require no additional fee.

Payments are processed on the 1st of each month. If you need to make other arrangements, contact the office.

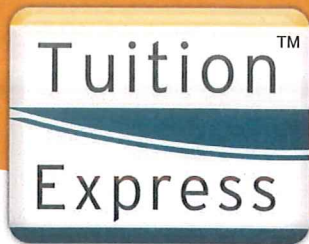
Please note that a \$35 "Non-Sufficient Funds" fee will be assessed on all returned payments.

A two-week notice is needed to change your checking account or credit card information.

Please note that we will not be accepting any payments in the office.

We encourage you to create an account on the Tuition Express website at www.TuitionExpress.com to view your monthly balance (tuition, any applicable Lunch Bunch fees, field trip fees, etc.) before it is processed.





Automated Payment Processing
Safe – Convenient – Easy

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We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize **Eastridge Christian School** to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. **Furthermore, I understand that a three percent (3%) credit card fee will be assessed and added to the tuition payment made on my credit card.**

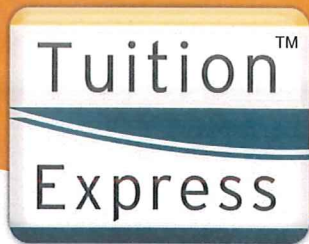
We accept Visa, MasterCard, and Discover for payments made by credit card.

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date	Card Type (Visa/MasterCard/Discover)	
Cardholder Signature		Date	

For Official Use Only
Date Received
Employee Signature

A service of





Automated Payment Processing
Safe – Convenient – Easy

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christian school

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize **Eastridge Christian School** to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

☐ Checking

☐ Savings

Routing Transit Number (see sample below)

Account Number (see sample below)

Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here \$ _____		
		Deposit slips not accepted _____ Dollars		
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

A service of



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SOFTWARE®