

## **Immaculate Conception School**

3285 Cathedral Avenue, Prince George, BC, V2N 6R4 Phone: 250-964-4362 Fax: 250-964-9465 email: <u>icsoffice@cispg.ca</u> www.icschool.ca

May 3, 2023

Dear Parents and/or Guardians,

We are asking that you fill out the form below indicating which option is your preferred choice for paying after-school care fees for the 2023-2024 school year. If you are new to our school or wish to change your payment information, please request the change at the office and we will send the appropriate form home for you to fill in and return.

Please note: Even though you may have filled out the forms in previous years, we need your signature each year to authorize the payments. Please note that this year, as per Canada Revenue Agency mandate, <u>we require your full legal name, including middle initial/s</u>. Please sign and date this form after choosing your preferred payment option for 2023-2024 year.

Thank you for your continued support of using our payment options!

|   | ister an account with the bookkeeper for automated month<br>er's Recurring Agreement form and submit to the office or -     |
|---|---|
| Please use same Bank account as 2022-2023           | School Year SIGNATURE   |
| \$ (or current rate)                                | Date  |
|   | a, MasterCard or Amex) – we can automatically bill your fee<br>of month, on a recurring monthly basis. Fill out the Payer's |
| <i>Recurring Agreement</i> form and submit to the c |   |
| Please use same card number as 2022-2023 S          | chool Year SIGNATURE  |
| \$ (or current rate)                                | Date  |

Any billing inquiries can be directed to the bookkeeper, Ms. Nadine Forseille, or by email to <u>nforseille@cispg.ca</u>.

Full Legal Name of Both<br/>Parents/Guardians including1:middle initial2:

Parent Email Address:

| Student(s) Names & |  |
|--------------------|--|
| Grade(s):          |  |
|                    |  |

Signature: