



Student Fees

Name of Payer: _____ Date: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number(s): _____

Relationship to student(s): _____

Student Name(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Office Use Only:

Check \$: _____ # _____

Cash \$: _____ # _____

Online payment: \$ _____

Visa
 MC
 AM
 DIS

*** ALL CURRICULAR AND/OR ACTIVITY FEES ARE *WAIVED for families who contribute \$200 OR MORE to the "Tax Credit for Kids" General Fund. Go to www.tcdtaxcredit.com for details!**

PLEASE CHECK ALL THAT APPLY:

€ One-time General Fund **TAX CREDIT DONATION (\$200 or more)** \$ _____

€ **TAX CREDIT PAYMENT** \$ _____

€ **K-5th Grade CURRICULAR FEE:** Fee is waived for Full Day Kindergarten ___ @ \$50 per child = \$ _____

€ **6th-8th Grade CURRICULAR FEE:** ___ @ \$75 per child = \$ _____

€ **Kindergarten Enrichment:** ___ Yearly ___ Semi Annual ___ Monthly ___ Tuition Express \$ _____

€ **ACTIVITY FEE(S):** * Activity Fees of \$50 per activity are due BEFORE the first practice.

<u>Student Name</u>	<u>Activity</u>	\$
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total: \$ _____

* Please make checks payable to: "TCDS"

*In the memo section of the check please WRITE THE STUDENT'S NAME(S) AND ACTIVITY/PROGRAM.

***Cash payments** are welcome in the Administration Office.

*We gladly accept **Visa, MasterCard, American Express or Discover** for Tax Credit donations
ONLINE AT www.tcdtaxcredit.com

- We have already made a 2010 TAX CREDIT DONATION in the amount of \$ _____
- We plan to make a TAX CREDIT DONATION/PAYMENT in the amount of \$ _____ by August 20, 2010.
- We will pay our Curricular Fee(s) by August 20, 2010.

Signature: _____ Date: _____