



Keycard Request

Date: _____ Child's Name: _____ Requesting Parent's Name: _____

of Cards Requested: _____ original card/s additional card/s replacement card

Name of Person/s assigned to card: _____ Keycard #: _____
(to be completed by management)

Name of Person/s assigned to card: _____ Keycard #: _____
(to be completed by management)

Name of Person/s assigned to card: _____ Keycard #: _____
(to be completed by management)

My payment of (\$5 per card): \$ _____ is (mark one below):

- included in this week's tuition included in a separate payment

Each card requires a \$5 deposit, refunded upon return of the card, as long as your child's account is in good standing. Please include this form with your payment and place in the payment box. Card requests will be filled once the request form and payment have both been received. Every effort will be made to distribute cards in a timely manner. Please plan on making accommodations in the interim. Thank you for your understanding.

(to be completed by management)

Date Programmed: _____ Date Given: _____ Date Paid: _____ Receipt #: _____
(Copy Receipt Below)

Date Card Received: _____ Account Balance: _____ Sent to Office Date: _____

Address to send payment: _____ Date Mailed: _____

Reimbursement Receipt #: _____

(Copy Receipt Below)