



THE SALVATION ARMY - HENLEY YOUTH CENTER REGISTRATION FORMS 2023-2024

Child's Name _____ Age _____ DOB _____

Address _____

City, State, Zip Code _____ Cell Phone: _____

Grade **Entering Fall 2023** _____ School _____

Parent Name _____

Parent E-mail Address _____

| | |
|--|---|
| Afterschool TK and Kindergarten \$720.00 per month <input type="checkbox"/> | Drop-In Care Afterschool TK-8 th grade: \$75.00 a day <input type="checkbox"/> <i>Call ahead for availability*</i> |
| Afterschool 1 st - 8 th Grade \$635.00 per month <input type="checkbox"/> | Registration Fee \$60 per child |

TERMS & LIABILITY WAIVER

By signing this form I (we) agree to the following: (1) member and any guests in his/her party will abide by the terms of this Agreement at all times during the period of membership and will comply with all rules and regulations posted or otherwise communicated to member, (2) in case of illness or injury, The Salvation Army Tustin Ranch is authorized to secure emergency medical treatment at the member's expense, (3) The Salvation Army Tustin Ranch reserves the right to remove from the facility or terminate the membership of any member who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case member will not be entitled to a refund of dues, and (4) membership rights are not transferable.

LIABILITY WAIVER - I understand that use of the facilities and equipment at The Salvation Army Tustin Ranch may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physician and other professional to make sure that I can safely participate in activities and events at The Salvation Army Tustin Ranch. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Tustin Ranch facilities, activities, field trips, and services, except as limited by law.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS - I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

NOTICE - To promote a safe and secure environment, The Salvation Army Tustin Ranch has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Tustin Ranch reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

PARENT NAME (PLEASE PRINT)

PARENT SIGNATURE

DATE



THE SALVATION ARMY - HENLEY YOUTH CENTER Youth Center Policy Agreement

Please read all information carefully and initial each to note agreement.

REGISTRATION FORMS AND FEE SCHEDULE _____ (initial)

A completed registration packet and non-refundable registration fee are required for each child three days prior attending. Along with Salvation Army forms, the following State Licensing forms are required: Identification & Emergency Info - **form LIC 70**; Health History - **form LIC 702**; Consent for Emergency Medical Treatment – **LIC627**; Personal Rights - **form LIC 613A**; Notification of Parents Rights - **form LIC 995**.

- \$60 Registration Fee per Child (non-refundable)
 - \$35 Additional Daily Fee for School Holidays and Breaks
 - \$30 NSF charge for all declined payments
 - \$20 Late pick-up charged for every partial 15 minutes beyond 6pm
- **No credit is given for child absence and or holidays. Monthly tuition remains the same if the child is enrolled.**
This does not apply to "Drop In" children who are billed only when they are present.

Monthly payments are charged on the first business day of the month. Payment must be in form of ACH or Credit Card Debit, please fill out and sign the Credit Card Authorization form or ACH Authorization form that is included. Monthly statements will be made available at the beginning of each month. Failure to pay and/or continuous late payments may result in removal from the program.

CLOSURES AND NON-SCHOOL DAYS _____ (initial)

The Henley Youth Center will be closed on national and Christian holidays. These will be posted well in advance. There are some non-school days, including school breaks, when the Center will be open for an additional fee.

LATE PICK UP & FAILURE TO PICK UP _____ (initial)

State licensing requirements require children to be picked up by 6:00pm. In addition, State Title 22 requires staff take appropriate measures for the safety and welfare of the child.

The steps taken at The Salvation Army in this situation are:

- At 6:05pm staff will attempt to contact a parent/guardian or emergency contact.
 - If no one is available and a parent has not arrived or telephoned to make suitable arrangements by 6:30pm, Child Protective Services and the police will be called. The child will be taken into protective custody until a parent/guardian can be located.
- If parents/guardians arrive at the center after 6:30pm and find it closed, we suggest:
- Contacting the emergency contacts on your registration form to verify whether they have picked up your child.
 - Calling the local police if your child has not been picked up by the emergency contact.

Late pick-ups will be charged a late fee of \$20 per every partial 15-minute period. Late fees will be added to the account balance.

CHRISTIAN MISSION

The Salvation Army, an international movement is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by love for God. Its mission is to preach the gospel of Jesus Christ and meet human needs in his name without discrimination.

BEHAVIOR EXPECTATIONS & MANAGEMENT ____ (initial)

- Respect for staff, participants, and property of Henley Youth Center
- Listen and follow the directions.
- Fighting, bullying, or teasing of any kind is not tolerated.
- Clothing should be conservative and appropriate for activities. Close-toed shoes are recommended sometimes required.
- All electronic use will be appropriate.
- Adhere to all policies outlined in Henley Handbook.

SIGN IN AND SIGN OUT

All children must be signed in and out by their parent or legal guardian using a full legal signature. (Designated staff will sign in children picked up from school). Guardians must be at least 18 years of age and be on the approved contact list. For safety reasons, photo ID is required for signing out. Parents agree to notify the center in writing whenever anyone other than an authorized emergency contact picks up the child. **There can be no exceptions to this safety rule.**

ILLNESS

The center must be notified of all communicable diseases such as chicken pox, head lice, impetigo, strep throat, hepatitis, etc. These require posted notices of possible exposure. In some circumstances, a note from the child's physician stating that the child is no longer contagious may be required for the child to return.

TERMINATION of AGREEMENT ____ (initial)

All children are enrolled on a trial basis. Parent/guardians or The Salvation Army may discontinue childcare services if it's believed to be in the best interest of the child, center, staff and/or other children.

Withdrawal by parent/guardians requires a 2- week notice.

The Salvation Army also reserves the right to terminate this agreement and expel a child for any of the following:

- Parent/Guardian is deemed verbally or physically abusive to staff, children, or anyone on site. (Immediate)
- Child exhibits excessive unacceptable, aggressive, or inappropriate behavior that may endanger him/her, other children, or staff. This includes but is not limited to biting, hitting, and kicking. (24-hr notice)
- Parent/Guardian shows general disregard for center's policies. (1-week notice)
- Parent /Guardian is consistently or excessively late for pick-up. (1-week notice)

I acknowledge that I have carefully read the above documents, that I know and understand their content, and that I signed this document by my own free act.

PARENT NAME (PLEASE PRINT)

PARENT SIGNATURE

DATE

THE SALVATION ARMY – SOUTHERN CALIFORNIA DIVISION

MINOR PARTICIPATION AUTHORIZATION AND WAIVER



I, _____, authorize _____
(Print Parent or Guardian Name) (Print Minor's Name)

(the Participant) to participate in Henley Youth Center (the Activity) at Pioneer Park, Tustin, on Wednesday afternoons from August 16, 2023-May 31, 2024 and occasional dates as determined by minimum public school days in the school calendar year 2023/2024.

I represent and warrant that the Participant is in good health and of sufficient physical fitness to participate in the Activity, and I do not know of any physical condition which would prevent the Participant's participation, cause harm to the Participant, or cause harm to others.

I understand that participation in the Activity places the Participant at risk for serious personal injury, including death, and loss resulting from any number of factors including, but not limited to, the physical condition of the facility, use of equipment, weather that may be experienced, and conduct of other participants. In addition, the Activity poses the following specific risks: broken bone, cut, laceration, scrape, or head injury including, but not limited to, those to the face or mouth.

In consideration for the Participant's opportunity to participate in the Activity, I agree on behalf of myself and on behalf of the Participant, as well as our estates and assigns, to relieve The Salvation Army and its officers, directors, employees, volunteers, and agents from any and all liability, including without limitation negligence, in connection with any injury, loss, or damage to person, including death, or any injury, loss, or damage to property in connection with Participant's participation, to the maximum extent permitted by law.

I hereby authorize the employees, volunteers, and agents of The Salvation Army to provide reasonable and necessary emergency medical treatment for the Participant while the Participant is participating in the Activity, if The Salvation Army determines in its discretion that such treatment is necessary. I further agree to pay for any such reasonable and necessary medical treatment upon presentation of the medical provider's bill or statement. I accept full financial and legal responsibility for the Participant's conduct during participation.

I understand that by signing this Participation and Authorization Waiver, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Participation and Authorization Waiver shall remain unaffected.

Signature

Date

Printed Name and Relationship

Emergency Phone

Address

City, State, ZIP

Additional Contact: Printed Name and Relationship

Emergency Phone

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

| | | | | | |
|--|-----------|--------|-------|-------------------------------|-------------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|----------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

| | | |
|---|-----|--|
| CHILD'S NAME | SEX | BIRTHDATE |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | | DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD? |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | | DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD? |
| IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | | DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION |

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

| | | |
|----------------------------|-----------------------------------|---|
| WALKED AT* _____ MONTHS | BEGAN TALKING AT* _____ MONTHS | TOILET TRAINING STARTED AT* _____ MONTHS |
|----------------------------|-----------------------------------|---|

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | | <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Poliomyelitis | |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping Cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| | | |
|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
| | | |

DAILY ROUTINES (*For infants and preschool-age children only)

| | | | |
|---|----------------------------------|--|----------------------|
| WHAT TIME DOES CHILD GET UP?* | WHAT TIME DOES CHILD GO TO BED?* | DOES CHILD SLEEP WELL?* | |
| DOES CHILD SLEEP DURING THE DAY?* | WHEN?* | HOW LONG?* | |
| DIET PATTERN: (What does child usually eat for these meals?) | BREAKFAST | | |
| | LUNCH | | |
| | DINNER | | |
| WHAT ARE USUAL EATING HOURS? | BREAKFAST | | |
| | LUNCH | | |
| | DINNER | | |
| ANY FOOD DISLIKES? | | ANY EATING PROBLEMS? | |
| IS CHILD TOILET TRAINED?* | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORD USED FOR "BOWEL MOVEMENT"* | | WORD USED FOR URINATION* | |
| | | | |
| PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH | | | |

| | | | |
|---|-------------------------|---|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT KIND: |
| PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY | | | |

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

| PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE | DATE |
|--|------|
| | |

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Salvation Army to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) (2 % fee will be applied) American Express and Discover are not accepted.

| | | | |
|----------------------|-----------------|-------|-----|
| Cardholder Name | Phone # | | |
| Cardholder Address | City | State | Zip |
| Account Number | Expiration Date | | |
| Cardholder Signature | Date | | |

SECTION B (Bank Account) No added fee for ACH

| | | | |
|---|-----------------------------------|-----------------------------------|----------------------------------|
| Your Name | | Phone # | |
| Address | | City | State Zip |
| Bank or Credit Union Name | Bank or Credit Union Address | City | State Zip |
| Routing Transit Number (see sample below) | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Authorized Signature | | Date | |

Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE

0001

PAY TO THE ORDER OF

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

100 DOLLARS

Security features Included. Details on back.

RE

MP

123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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