WESTMINSTER
SCHOOL FOR
YOUNG CHILDREN
EST. 1969

Acknowledgement of Jovial Payments

2026-2027 WSYC

Parent's Name _____

Parent's Email Address _____

Parent's Phone Number _____

Bank Name _____

Child(ren)'s Name(s) _____

Child(ren)'s Classroom(s) _____

Child(ren)'s Tuition Payment (October 2026-April 2027)_____

Any Extra Monthly Fees (Round Up, Lunch Bunch, etc.) _____

Initial each statement below:

I have already/or will enter my banking information into Jovial. _____

I have already/or will set up AutoPay to allow an auto draft on the monthly tuition. _____

I understand that I will receive an email a few days prior from Jovial initiating an automatic payment, and then a second email once the payment is initiated. _____

I acknowledge that I will be charged a $25.00 Return Fee if there are Insufficient Funds (NSF) in my bank account. _____

I authorize Westminster School for Young Children to use Jovial to AutoPay my monthly tuition statement from October 1, 2026-April 1, 2027. Any extra one-time payments (i.e. One More Day or Registration Fee) will be my responsibility to submit a payment.

Parent's Name _____

Parent's Signature _____ Date _____

For Office Use Only:
Account Verified _____ AutoPay Enabled _____ Total Monthly Payment Amount _____