



St. Charles School District Care To Learn

PAYROLL DEDUCTION ENROLLMENT FORM

Care To Learn provides immediate funding and action to meet any emergent health, hunger or hygiene issues a child might have; addressing a physical need, restoring respect, and getting that child back in the classroom.

Date: _____

First Name: _____ Last Name: _____

Employee ID #: _____ Location: _____

Circle Amount to be withheld from each semi-monthly paycheck (5th and 20th):

\$1 \$2 \$3 \$5 \$10 Other amount _____

I would like to make a One Time Contribution of: _____

Type of One Time Contribution: Payroll Deduction Cash/Check enclosed

Checks made payable to: Care to Learn-SCSD

This authorization for withholding is effective beginning on the next regular 5th of the month payroll and will remain in effect until I notify the District business department in writing with my signature to stop or modify said withholding.

Signature: _____

Please return to Tina Adams at the Business Office.

For Business Office Use Only:

Date Received: _____ Activation Date: _____ Check No.: _____