



**Ascension Early Childhood Center
The Little School
MY SCHOOL BUCKS ACCOUNT**

Family Name: _____

Child First Name: _____

Child First Name: _____

Parent Contact Information

Email Address: _____

Phone Number: _____

Deposit Amount: _____

Check #: _____

***** Please return this form with a check made payable to “FSC” (Food Service Consultants) to Erica Argue. *****