

**THE
LIGHTHOUSE
PROGRAM**



After-School / Summer Programs
*making a **DIFFERENCE!***

Today's Date ____/____/____
mo day year

School name _____

Returned Check Notice

To: _____

Enclosed please find a copy of your check in the amount of \$_____ which was returned because of insufficient funds. Please return this letter with a money order in the amount of the check plus \$25.00 bank fee to **City of Bridgeport Treasurer's Department at City Hall, 45 Lyon Terrace room 110**. Failure to comply with this request will result in your child being ineligible to continue in the program. If you have any questions or require special consideration, please call the Lighthouse Program main office at 576-7252.

Thank you for your cooperation.