



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) _____ 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)

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

SECTION B (Bank Account)

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			

For Official Use Only

Date Received
Employee Signature



A service of



Child's Name _____
 Child's Name _____
 Child's Name _____



Legally Responsible Person(s) _____

Contracted Enrollment Date _____

Contracted Hours of Attendance: Clock in at _____ AM/PM Clock out by _____ AM/PM.

Late fees in the amount of \$2 per minute will be assessed at _____ AM/PM

Calling the center to notify of late pick-up does not cancel out any late fees.

Placement (10 Hours Daily)	Tuition and Fees	Explanations & Terms <i>All Parent Fee's MUST be paid no exceptions</i>	Applicable Fees	Initial
Annual Registration Fee	105.00/Yr	Due each year Annually	<input type="checkbox"/>	
Re-Admission Fee	\$90/Ea	Due each time student re-enrolls after being terminated due to delinquent fees	<input type="checkbox"/>	
Weekly Tuition 6 Wks. 2 Years	\$228.00	Due Friday of week <u>before</u> services are rendered	<input type="checkbox"/>	
Weekly Tuition 2 Year Olds Pottied Trained	\$208.00	Due Friday of week <u>before</u> services are rendered	<input type="checkbox"/>	
Weekly Tuition 3 Year Olds	\$188.00	Due Friday of week before services are rendered	<input type="checkbox"/>	
Weekly Tuition 4-5 Year Olds	\$178.00	Due Friday of week before services are rendered	<input type="checkbox"/>	
Multiple Child Discount	-10%	10% will be deducted for each additional Child	<input type="checkbox"/>	
After School Care			<input type="checkbox"/>	
Full Day School Age Care (10 hrs)			<input type="checkbox"/>	
School Age Early Dismissal Pickup			<input type="checkbox"/>	
Weekly Activity Fee	\$6.00	Weekly Activity Fee	<input type="checkbox"/>	
Late Fee Payment Charge	\$45.00	Due Fri. 10:45am on the Monday of services	<input type="checkbox"/>	
Early Drop-off Charge	XXXXXXXXXX \$20/ea	Due within 24 hours after fee incurred	<input type="checkbox"/>	XXXXXXXXXX
Late Pickup After Contracted Time	XXXXXXXXXX \$2.50 per min	Due the next day after fee incurred	<input type="checkbox"/>	XXXXXXXXXX
Attorney's Fees Incurred to Collect	\$500	(Minimum Fee) I agree to pay all costs incurred to collect my outstanding debts	<input type="checkbox"/>	
Returned Fee Charge	\$35	Returned ACH payments will result in late fees being assessed beginning with the first day that funds were deducted from our account	<input type="checkbox"/>	
Care Over 10 Hour Limit Closed	\$3.50/Hour	Due Friday of week before services are rendered	<input type="checkbox"/>	XXXXXXXXXX
Attendance before 9:00 AM	Full Tuition Due	Tuition is not based on attendance/Full Payment Due 52 Wks	<input type="checkbox"/>	

NO SCHOOL AGE SERVICES OFFERED AT THIS TIME

1 Week of Family Vacation of at 1/2 off all other weeks Paid in full

Acknowledgement of Receipt

I/We do hereby understand and accept responsibility for any and all charges incurred that include, but is not limited to, fees for late payments, NSF checks, late pickups, etc. I/We agree to abide by the terms of this Terms of Service Contract and the Show Me Love Learning Academy Inc. Parent Handbook as they relate to my/our child(ren).

By signing below, I/We do hereby acknowledge our receipt of the Academy's parent handbook, and do hereby understand I am responsible for reading and abiding by the rules outlined in Show Me Love Learning Academy's Parent Handbook.

Parent Name _____ SS# _____

Parent Name _____ SS# _____

If the Academy closed due to COVID-19 Fee's will be deducted as stated in our verbal conversation.

1st Week Full Tuition Fee's 2nd Week Half Tuition Fee

Child(ren) Name(s): _____

Registration Fee Paid	
Total Tuition to Be Paid By Parent	\$
Total To be Paid by GA CAPS	\$
Total Fees for Additional Hours Over 10 Hour Limit = Total Hrs x \$4 X Total Days	\$
Days of Care Over 10 Hr. Limit	M T W Th F
Scholarship Caps Funds Received	
Total Tuition to be Received	\$
Payment Due Dates (1st Pmt made in Advance)	Y Weekly Y Every 2 Weeks Y Monthly 1st 15th 30th

Signature of Financially Responsible Party _____ Date _____

The 1st Auto Draft Payment will start on _____

Facility Administrator _____ Date _____