



Student Last Name	
Grade	School

## 2014 - 2015 Ocean Aftercare Contract

Student(s):	
Plan Choice:	Days (Circle): M T W Th F
Plan Fee \$	(+ \$30 Wed Surcharge) + Annual Enrollment Fee (per family) \$50 = Total \$

### EMAIL BILLING

Monthly billing should be sent to the following:

Name	Email	Phone
Name	Email	Phone

Valid credit card **MUST** be kept on file for each student enrolled in Ocean Aftercare.

Credit card type: VISA MasterCard AmEx (Circle)

C.C #	Exp Date	3-digit Security Code
Name (as it appears on the card)		

☐ **AUTO PAY.** Ocean Aftercare is hereby authorized to charge the above credit card the indicated monthly fee on the 26th of each month (Sept 2014 - June 2015).

Signature	Date
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☐ **BALANCE DUE.** Ocean Aftercare is hereby authorized to charge the above credit card the past due balance on the first day of the month in the event that payment has not been received. **Required if not signed up for Autopay.**

Signature	Date
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### Please Read And Initial

I have read and understand the following billing policies of Ocean Aftercare.

- \_\_\_\_\_ Enrollment Fee (\$50) added to the first bill annually.
- \_\_\_\_\_ Program cancellation/change notice must be submitted by the 20th of the month prior to cancellation/change month. [Example: Cancellation or change notice for December must be submitted on or before November 1st or December tuition will be due in full]. Monthly tuitions will not be pro-rated or refunded based on program cancellation or change requests.
- \_\_\_\_\_ \$10 will be added to billing for:
- Late payment – after 26th of month
  - Returned (bounced) checks
  - Declined auto pay credit card payment (for any reason including fraud, identity theft, insufficient funds, etc).
- \_\_\_\_\_ I have read and understand the Ocean Aftercare Enrollment Policies 2014 - 2015.

Signature	Date
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### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ VIA: ☐ FAX ☐ LockBox ☐ OTHER

☐ NEW ☐ RETURN Recorded: ☐ DATABASE ☐ QUICKBOOKS ☐ ATTENDANCE