



Student Last Name _____

Grade/Teacher _____

2011 - 2012 OCEAN AFTERCARE CONTRACT

Student _____

Plan Choice _____ Days (Circle) M T W TH F

Plan Monthly Fee \$ _____ (+ \$30 Wed surcharge) + Enrollment Fee (per family) \$50 = Total \$ _____

EMAIL BILLING

Monthly billing should be sent to the following:

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Credit card must be kept on file for each student enrolled in Ocean Aftercare.

Credit Card Type: VISA MasterCard

Credit Card # _____ Exp Date _____ 3 digit code _____

Name (as it appears on card) _____

AUTO PAY. Ocean Aftercare is hereby authorized to charge the above credit card the indicated monthly fee on the 25th of each month (Sept, 2011 – June, 2012).

Signature _____ Date _____

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

Signature _____ Date _____

Please Read and Initial

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

___ Enrollment Fee (\$50) added to the first bill.

___ Program cancellation/change notice must be submitted 30 days or more in advance of the first of the month in order to effect the tuition for that 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.

___ \$25 will be added to billing for:

- Late payment – after 26th of month
- Returned (bounced) checks
- Declined auto pay credit card payment

___ I have read and understand the Ocean Aftercare Enrollment Policies 2011 - 2012.

Signature _____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ VIA FAX LOCK BOX

NEW RETURNING RECORDED: DATABASE QUICKBOOKS ECHO ATTENDANCE