

Willow Bend Learning Center

REGISTRATION FEE RECEIPT:

Child's Name: _____ Class: _____ Date: _____

Registration Fee Paid: _____ Label Fee Paid: _____ Credit Card/Check/MO #: _____

Parent Acknowledgement: I understand that the \$125.00 Registration Fee is non-refundable, even if I decide not to enroll my child. The \$25.00 Label fee, if applicable, is **non-refundable** if the labels have been ordered. All credit/debit card transactions will accrue a 3% service charge.

*I understand that if I change or cancel my **Start Date** of _____, I am required to give **a written 2-week notice of change or termination, commencing on a Monday**, otherwise I will need to pay 2 weeks tuition in lieu of notice.*

Parent/Guardian's Signature _____ Date _____



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

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

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

PRE-ADMISSION CREDIT CARD AUTHORIZATION:

Regardless of which payment method is chosen to pay for registration, we still require parents to fill out this Tuition Express Credit Card Payment Authorization form. This form will stay on file and your credit card may be charged to settle any unpaid balances on your account due to NSF checks, credit card declines, improper notice of termination, security deposits, or other fees charged as per the Center's policies.

Parent Acknowledgement: I understand that I can pay my registration and other fees as mentioned above using a credit card, check or money order. A 3% fee will be added to the balance if I choose to pay by credit card. A \$30.00 fee will be added for all check and credit card declines.

Parent/Guardian's Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.