

Rolling Hills Preschool & MDO

Student's Name: _____

Authorization for Automatic Payment

I/We hereby authorize Rolling Hills Preschool to initiate debit entries to my/our Checking or Savings Account indicated below on the 5th of each month for the total balance due each month. **To properly affect the cancellation of this agreement, I/We are required to give ten days written notice.**

Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Authorized Signature: _____ Date: _____

Please debit payments from my (check one)

___ Checking Account (see below)

___ Savings Account (contact your financial institution for Routing #)

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Date of first payment: _____ **Amount of monthly payment:** _____

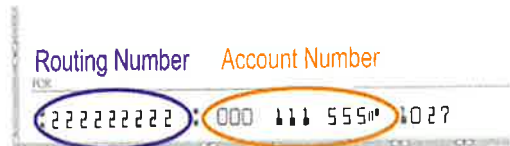
Date of last payment: _____

Attach Voided Check Here -or-

Bank Name _____

Account Number _____

Routing Number _____



OFFICE COPY

Financial Agreement

Rolling Hills Preschool requires a signed parent financial agreement upon enrollment. Parents are expected to be familiar with and follow the guidelines of this contract.

The Enrollment Fee of \$100.00 must be paid in full in order to hold a spot for your child. Enrollment Fee is not applied to tuition. This fee is non-refundable.

Any outstanding balance from previous sessions must be paid in full prior to enrollment.

Late Fees:

Monthly tuition payments are due the 1st of each month. Late charges of \$20.00 are applied after the 10th. Chronic late payments may lead to dismissal. No allowance is made for illness, vacation, holidays, or inclement weather.

Changes in enrollment which result in a change in tuition will become effective at the beginning of the following month. _____ (Please initial)

Should Rolling Hills make the decision to close due to inclement weather, we will post such announcements to our Facebook page and send out an email. Should there be a change to this, teachers will notify parents. **There are no refunds/credits for inclement weather days.** _____ (Please initial)

Our school day runs from 9:00 am until 3:00 pm. Students will be picked up between 2:45 and 3:00. **Students who are picked up after 3:05 will be issued a late fee of \$5. Students picked up after 3:10 will be issued a fee of \$10.** This fee will need to be paid by the student's next school day. While we understand that situations arise, this ensures that all students are picked up in a timely manner. _____ (Please initial)

If special financial circumstances exist, *Rolling Hills Preschool* has available a limited amount of funds, separate from tuition, which may be used in cases of financial need. Requests for financial assistance are reviewed by the Preschool Committee. All information is treated confidentially. For further information please contact Amy Hopkins at Amy@rollinghillskc.org.

Payments may be made by cash, check or by participating in the automatic payment program. **Payments must be dropped in the locked tuition box located in the lobby outside the church office door, in the church mail slot, or mailed to Rolling Hills Preschool, 9300 Nall Ave, Overland Park, KS 66207. Please do not hand tuition payments to teachers or enclose them in your child's backpack.** Cash payments must be in a sealed envelope and labeled with child's name. Checks must be payable to *Rolling Hills Preschool*. In the memo section of the check, **please write your child's name and any additional fees** included in the check.

As the parent/guardian of the student(s) named below, I have read and understand the terms and conditions set forth in this Financial Agreement, and I agree to abide by it. By signing this Agreement, I understand that I am fully responsible for my child's tuition payment and late fees. I understand that changes made to my child's enrollment will become effective at the first of the month following the change. If any other parties are involved in helping pay my child's Preschool tuition, I am responsible for giving them all the financial information I have received from Rolling Hills Preschool in regard to program fee rates, payment schedule, and late fees. I hereby comply by signing below:

Child's Name

Parent/Guardian Signature

Date