



Dear Parents:

Please be advised that *Small Wonders Preschool* and *The Rock* (before and after school program) both use the same billing policy. You will be billed for 240 days per year (for full-time enrollment). This is an average of 20 days per month. While in some months care is provided on 20 days, during many months we provide care on as many as 23 days and no additional fees are assessed for those extra days. Taking that into account, there will be no deductions for school closure days such as holidays and Vacation Bible School week (for Small Wonders).

Thank you for choosing Valley Baptist Church as your childcare provider. We are honored to play a part in the life of your family.

Sincerely,

A handwritten signature in black ink that reads "Lori Rogowski".

Lori Rogowski
Director

This form should not be
completed or returned until your
child's placement is confirmed.

Small Wonders Preschool
Valley Baptist Church
4800 Fruitvale Avenue
Bakersfield, CA 93308
661-387-6363



ACH Payment Agreement

Every enrolled child is given a contract agreement to sign that states the total amount of tuition due on a daily basis and monthly basis. Our tuition is billed through an ACH plan. It is simply a bank-to-bank transfer of funds that you have pre-approved from either your checking or savings account on the 5th (monthly) or 5th and 20th of each month (bi-monthly). If the 5th and/or 20th falls on a weekend or a holiday, the payment will be taken the prior business day. We strive to keep the tuition rates as low as possible, yet high enough to secure quality teachers, staff, and educational materials.

I (We) authorize *Small Wonders Preschool* (herein known as "School") through Valley Baptist Church's bank to initiate Automated Clearing House (ACH) debits from my (our) financial institution account, as defined below, to the School's account.

This authorization is to remain in effect until the School has received a minimum two-week notification of its termination from me (us).

It is understood that the enrolled child(ren)'s parent/guardian will be considered in default if for any reason the ACH transaction cannot be completed. The School reserves the right to cancel the enrollment of the child(ren) from the School if arrangements are not made to pay the rejected tuition amount and set up a new ACH account within 10 days. A \$25.00 fee will be assessed on all non-sufficient funds (NSF) in the ACH system.

An annual non-refundable registration fee of \$100.00 is due each September. Other incidental fees will be debited as may be necessary for the occasional drop-in days that you may request and/or for late pick-up fees.

Payment Plans and Discounts:

_____ Bi-Monthly Payments: \$_____ beginning _____ by ACH through Valley Baptist Church.
Complete reverse side.

_____ Monthly Payments: \$_____ beginning _____ by ACH through Valley Baptist Church.
Complete reverse side.

_____ Annual Payment: \$_____ beginning _____ by ACH through Valley Baptist Church.
5% reduction in tuition. Complete reverse side.

_____ I have more than one child enrolled in the School and am entitled to the tuition reduction.

This agreement binds each of the undersigned, if more than one, jointly and severally. It is further understood that no student may be considered for re-enrollment unless previous charges on the family account have been settled in full.

I (We) have read and received a copy of the ACH Tuition Agreement.

Please fill in and sign this form authorizing Valley Baptist Church to transfer funds from your checking or savings account. ***Please attach a voided check and/or a printout from your financial institution with a transit routing number and account number information.*** If you make any changes regarding your financial institution or account number please contact Lori Rogowski 661-387-6360 or email lrogowski@valleybaptist.org.

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Mother's Name: _____

Father's Name: _____

Who is to be invoiced? _____

If the family is separated, please indicate which parent is responsible. If someone other than a parent/guardian is financially responsible or if you are splitting payments between parents, please clearly indicate to Accounts Receivable above.

I (We) authorize Valley Baptist Church of Bakersfield to deduct funds from my/our checking or savings account on a **[Circle One] Bi-Monthly or Monthly or Annual** basis as detailed above. I (We) understand this will continue until I (we) notify the School. Notification must be 2 weeks prior to the deduction date.

Both account holders MUST sign this form if your withdrawal is from a joint account.

Financial Institution Name: _____

Signature of Account Holder

Date

Signature of Joint Account Holder

Date

Received VBC Accounts Receivable Signature

Date