

# Lakeside Academy Before/After School Care



12303 Ridgecrest Rd. Victorville, Ca

Phone (760) 245-8680

[www.lakesideacademy.com](http://www.lakesideacademy.com)

# **Lakeside Academy Kids Club**

***12303 Ridgecrest Rd. Victorville, CA 92395***

**(760) 245-8680 [www.lakesideacademy.com](http://www.lakesideacademy.com)**

**(You can also find us on Facebook: Lakeside Academy- Victorville, CA)**

**Our Kids Club before/after school program is for students entering grades 1-6.**

**Our facility operating hours are from 6:00am-6:30pm.**

**We have varied schedules for Kids Club. Please indicate below what schedule you will need for your child. Please note that it is your responsibility to inform Lakeside Academy if your child is absent from school or leaves early on a scheduled day, and you will still be charged for the day. No T/W/TH schedules are available.**

Tuition is due on the first day of the week your child attends and considered late with a \$5 late fee if not paid by the second day your child attends at closing.

# Tuition Auto Pay (TAP)

## Recurring Tuition Payment Authorization Form

You authorize regularly scheduled tuition and other charges to your checking/savings account or credit/debit card. You will be charged the amount in the family ledger for each tuition billing period. You agree that no prior-notification will be provided. You can access your account statement online at any time via the Oncare Parent Portal.

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### Please complete the information below:

I \_\_\_\_\_ authorize Lakeside Academy to charge my bank account  
(full name)

or credit/debit card indicated below on the first day of each week for payment of my child's tuition.

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Child(ren) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Checking/ Savings Account

Checking	Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



### Credit Card (2 % fee)

Visa	MasterCard
Discover	
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV (3 digit number on back of card)	_____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lakeside Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Lakeside Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



# Tuition Agreement Form

This sheet is to inform you about our tuition policies. Please read, initial and sign the following:

I understand that tuition is to be paid on or before the first scheduled day of the week. Payment not received by the end of the second day will be assessed a \$5.00 late fee. If tuition is not paid by the end of the week, the child will not be allowed to return to the center. Tuition allowance will not be granted for sickness or vacation until the beginning of the 2<sup>nd</sup> consecutive week. At that time, tuition will be billed at 50% of the regular rate until the child returns.

\_\_\_\_\_

Full legal signature is required when signing your child in and out daily.

\_\_\_\_\_

All checks returned for non-sufficient funds will be charged a fee of \$15.00 and a \$5.00 late fee.

\_\_\_\_\_

I understand there will be an overtime charge of \$5.00 for children not picked up by 6:30 p.m. and an additional \$1.00 for every 1 minute after 6:35pm.

\_\_\_\_\_

If a child is being withdrawn from school for any reason, a two-week notice is required. Unused credit on account will be refunded.

\_\_\_\_\_

I agree to abide by all the policies and procedures as printed in the Parent Handbook, which I acknowledge that I have received.

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

