



## Payment Policy Agreement

Monthly payments are due to Colonial School by the fifteenth day of each month. If **full** payment is not received by the fifteenth day of the month, your account will be assessed a \$25 late fee. In the event payment is not received on time, you will be contacted and asked to make payment arrangements. If a balance is in arrears for 15 days, a payment plan must be arranged. Failure to resolve unpaid balances within 30 days will result in dismissal from the program and your account being turned over to a collection agency.

You will be billed for monthly tuition and prepaid unlimited use Extended Day Program at the beginning of each month. Payment can be made through our billing software, Procure, in person, or over the phone. We encourage families to sign up for recurring ACH (automatic withdrawal from checking/savings), or recurring credit card payments, but also accept checks and cash. Please make checks payable to Colonial School. A \$25.00 fee will be charged for any returned checks; future payment by check will not be accepted until account balances are settled. Credit card payments are also accepted online.

You will be charged a one time supply fee charge of **\$150.00** on your first month's bill.

You may withdraw your child from the program at any time, however we ask for the courtesy of a 2-week notification. Your monthly tuition will be prorated if a 2-week notification is given. There will be no adjustments to tuition without a 2-week notification.

A 10% tuition (only) discount will be given for 2 or more children in the same family.

A 3% tuition (only) discount will be given for full year payment made before September 15th.

No refunds will be given for illness, vacation, or snow days. Missed days will not be made up.

Colonial School is a non-profit subsidiary of Community First Solutions. We are responsible for operating on a fiscally sound basis and meeting our annual budget. We rely on timely payments from you in order to fulfill our commitment to all families.

I \_\_\_\_\_ have read and agree to comply with the Colonial Schools payment policy. I understand that payment in full is due by the fifteenth day of each month beginning September 15, 2023 and ending May 15, 2024 for a total of 9 payments.

Monthly payments may include charges in addition to tuition such as extended day program and late fees and are included in the balance due.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

855 Stahlheber Road | Hamilton, OH 45013 | (513) 867-4006 | [www.ColonialSchools.org](http://www.ColonialSchools.org)

# COLONIAL SCHOOL



## COMMUNITY FIRST SOLUTIONS

### Pick Up Information

Child's Name\_\_\_\_\_

#### Persons authorized to pick up your child

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Make of Car\_\_\_\_\_

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Make of Car\_\_\_\_\_

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Make of Car\_\_\_\_\_

Persons who are **not authorized** to pick up your child  
(Please note, documentation must accompany this form in order for  
us to refuse to release a child to another parent)

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Make of Car\_\_\_\_\_

# COLONIAL SCHOOL



## COMMUNITY FIRST SOLUTIONS

### Pick Up Information

Child's Name\_\_\_\_\_

Persons authorized to pick up your child

Name_____
Relationship_____
Make of Car_____

Name_____
Relationship_____
Make of Car_____

Name_____
Relationship_____
Make of Car_____

Name_____
Relationship_____
Make of Car_____

Name_____
Relationship_____
Make of Car_____



# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

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

#### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

DATE \_\_\_\_\_ 0001

PAY TO THE  
ORDER OF

**ATTACH VOIDED CHECK HERE**

**DEPOSIT SLIPS NOT ACCEPTED**



Savings Bank  
Any Street, Anytown  
Tel: (001) 555-5555

\$  
100 DOLLARS

Security Features  
Indicated  
Outside on Back

RE

123456789

000123456789

0001

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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# COLONIAL SCHOOL



COMMUNITY FIRST SOLUTIONS

## Release Forms

### Routine Field Trip Permission

Children will go on routine walking field trips in and around the Westover Retirement Center Campus for the 2023-2024 school year. This permission slip must be signed by the parent or guardian annually. This permission is in effect, unless we receive a written note from the parent or guardian stating otherwise.

### Photography release

Throughout the school year/summer camps, staff may take photos and videos of children and activities. If you agree to allow Colonial School and/or Community First Solutions to photograph/video your child, please check which media you approve.

- ☐ Classroom use only (Class Dojo, books, yearbook, crafts, etc.)
- ☐ Facebook/Social Media/Website use
- ☐ Advertising purposes

Child's Name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*Permission slip is good for one year