

### VENTURA COUNTY CHRISTIAN SCHOOL - 05855 38 TELOMA DRIVE, VENTURA, CA 93003

		0 5 8 5 5 1 4 1 8 0 8
PLEASE ENTER FAMILY INFORMATION FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PAREN	T/GUARDIAN/BILL PAYER 2023-2024
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDIT	IONAL AUTHORIZED PARTY
STREET ADDRESS OR P.O. BOX		APT#
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER MOBILE T	ELEPHONE NUMBER	
EMAIL ADDRESS (Smart emails reminders for upcoming pay	ments)	
SELECT A PAYMENT METHOD		
I agree to make payments by mail, web or telephone. I agree date:	ee to the following due	Your school allows the following due dates (choose one): 10,20
I authorize SMART to automatically debit my payments from	m the below provided	
account. I agree to the following automatic payment date:		Your school allows the following due dates (choose one): 10,20
PLEASE DEBIT MY: CHECKING (PLEA	SE ATTACH A VOIDED CH	ECK) OR 🔲 SAVINGS
DIGIT ROUTING NUMBER BANK ACCOUNT NU	MBER	
PLEASE CHARGE MY: AMEX		ASTERCARD VISA
	EXPIRATION DATE	A 2.65% convenience fee applies to all credit/debit card payments.
SELECT A PAYMENT PLAN		
Plan M 11 Payments Aug - Jun		ENTER PLAN
, ,		
Plan N10 PaymentsAug - MayPlan O10 PaymentsSep - Jun		
Plan N 10 Payments Aug - May		
Plan N 10 Payments Aug - May Plan O 10 Payments Sep - Jun		
Plan N 10 Payments Aug - May		FOR SCHOOL OFFICE USE ONLY
Plan N 10 Payments Aug - May Plan O 10 Payments Sep - Jun ENTER STUDENT INFORMATION		
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12	TUDENT	
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12		FOR SCHOOL OFFICE USE ONLY  THIS FAMILY IS ENROLLING LATE:  SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN  COLLECT BALANCE IN FIRST MONTH  OPTIONAL STUDENT ID  STUDENT \$
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12		FOR SCHOOL OFFICE USE ONLY  THIS FAMILY IS ENROLLING LATE: SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN COLLECT BALANCE IN FIRST MONTH *OPTIONAL STUDENT ID STUDENT \$
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Plan N 10 Payments Aug - May   Plan O 10 Payments Sep - Jun   ENTER STUDENT INFORMATION Choose from the following grades: K4, K, 1 - 12 GRADE FIRST NAME OF STUDENT LAST NAME OF S LAST NAME OF S PIEDINAL SCHOOL FAMILY ID: *OPTIONAL SCHOOL FAMILY ID:	ONAL TYPE CODE:	FOR SCHOOL OFFICE USE ONLY         THIS FAMILY IS ENROLLING LATE:         SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN         COLLECT BALANCE IN FIRST MONTH         *OPTIONAL STUDENT ID         STUDENT TUITION 1         STUDENT SUDENT TUITION 1         STUDENT SUDENT TUITION 1
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12         GRADE       FIRST NAME OF STUDENT       LAST NAME OF STUDENT         LAST NAME OF STUDENT       LAST NAME OF STUDENT       LAST NAME OF STUDENT         Deptional School FAMILY ID:       *OPTIC         PLEASE READ AND SIGN       *OPTIC         I have read and agree to the terms and conditions on the reverse side of the school may re-enroll me in the Smart Tuition payment program for year. I agree to pay the amount established by my school for the student	ONAL TYPE CODE:	
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12         GRADE       FIRST NAME OF STUDENT         LAST NAME OF STUDENT       LAST NAME OF STUDENT         LOPTIONAL SCHOOL FAMILY ID:       *OPTIONAL SCHOOL FAMILY ID:         PELEASE READ AND SIGN         I have read and agree to the terms and conditions on the reverse side of the school may re-enroll me in the Smart Tuition payment program for year. I agree to pay the amount established by my school for the student due date. I realize that if I fail to have a payment posted or if there is an or account by the specified due date, Smart Tuition may contact me via ema	ONAL TYPE CODE:	
Plan N       10 Payments       Aug - May         Plan O       10 Payments       Sep - Jun         ENTER STUDENT INFORMATION         Choose from the following grades:       K4, K, 1 - 12         GRADE       FIRST NAME OF STUDENT       LAST NAME OF STUDENT         PEIONAL SCHOOL FAMILY ID:         *OPTIC         PLEASE READ AND SIGN         Inave read and agree to the terms and conditio	ONAL TYPE CODE:	

#### PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. ENTER FAMILY INFORMATION: Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. SELECT A PAYMENT METHOD: If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

JOHN SMART 123 Smart Street New York, NY 10004	No. 012 01-2345676		
	Date		
Pay to the Order of		\$	
SMART BANK New York, NY 10004			_ DOLLARS
Memo			
012345678 012345678901235	0153		

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. SELECT A PAYMENT PLAN: Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.

4. ENTER STUDENT INFORMATION: Please write the name and grade of the children who will attend this school.

5. PLEASE READ AND SIGN: Please review the terms and conditions. The Primary Bill Payer must sign the form.

## www.parents.smarttuition.com

#### TERMS AND CONDITIONS

Smart Tuition receives, processes and deposits your payments into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

**Refunds:** Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Late Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$40.00 as a result of this service. This fee is in addition to any late fees charged by your school.

**Dishonored Payments:** A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to auto-debit enrollees only): By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

#### Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

#### **Smart Tuition Privacy Policy**

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.



## & Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

# Please return completed form to your school immediately.

If you have any questions regarding this form, contact Smart Tuition at:

1-888-868-8828