

Payment Plan Options for the Bowie Reading and Learning Center

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle) Plan Choice: 1 2 3

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guarantor’s/Parent’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event collection efforts must be made because of non-payment of my account, I understand that I will be responsible for paying allowable and reasonable charges for interest, court costs and attorney’s fees. Collection efforts will also result in a negative affect on your credit report. It will be reported to the Memphis Consumer Credit Association.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutoring before 6:00 p.m. is $60 per one-hour session.**

**Tutoring after 6:00 p.m. is $65 per one-hour session.**

**There is a $10 travel charge for tutoring off campus.**

**Group Sessions are $40 per student, for each one-hour session.**

**Payment Options for Bowie Center Tutoring:**

Please initial next to the plan of your choice.

\_\_\_\_\_\_\_\_\_\_\_ Plan 1: **Credit/Debit Card Account**: *The information below is required in order to have this plan.*

As a courtesy, the Bowie Center will charge your credit/debit card each at the end of each tutoring week. The credit/debit receipts will remain on file in our accounting office.

Credit/Debit card information:

(We accept Master Card, Visa, American Express & Discover)

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By submitting this information, you authorize Bowie Reading and Learning Center to charge any balance on your account to your credit/debit card.*

\_\_\_\_\_\_\_\_\_\_\_ Plan 2: **Declining Balance Account**: I would like to pay a large sum up front that will cover several future appointments at one time. I realize that I will need to keep money in my account for new appointments to be made. Payments must always be made prior to any appointments.

\_\_\_\_\_\_\_\_\_\_\_ Plan 3: **Pay-As-You Go Account**: I will pay by check, cash, or credit card at the time of each appointment. I realize that a payment must be made in full prior to each session.

**Bowie Reading and Learning Center: Tutoring Payment and Scheduling Policy**

Effective January 2008

*Thank you for choosing the Bowie Center for your child’s learning needs. Our tutors are degreed and prepare carefully for each tutoring session to make sure we are serving you to the best of our ability.*

1. The Bowie Center does not require a contract or enrollment fee. Payments are to be made prior to each tutoring session unless we have your approval to run your credit card.

**2. Tutoring cancellations must be made at least 24 hours prior to the appointment time to avoid being charged for a missed session. This is necessary to allow time to arrange another assignment for our tutors. Should a student miss a session without canceling 24 hours in advance, his/her account will be billed the full amount for the missed session.** **This will be noted as a “late cancel” on your statement.**

3. Should a student need to cancel an appointment due to illness, please notify the Bowie Center as early as possible. In the case of an illness we will not charge your account for the missed session if you contact us prior to 2 hours of the appointment time.

4. If a tutor must cancel a session, we will contact you concerning whether or not you would like to reschedule the session, request a substitute tutor or cancel the scheduled session. You will not be charged should you decide to cancel the session.

5. When a student is 10 minutes late for a tutoring session, the tutor will try to contact the family by phone. If the client has not arrived 30 minutes into the session, the tutor may leave unless notified of special circumstances. Should a student arrive late, the session is abbreviated and will end at the regularly scheduled time.

6. The hourly tutoring fee is increased by $10.00 per session when tutoring is scheduled away from the Bowie Center. During “in home” tutoring sessions, a parent or caretaker is to remain in the home during each session.

7. For an away session at a school, students will occasionally have sessions interrupted because of school assemblies, class pictures, etc. The tutor will make the decision concerning abbreviating the session. If the entire session is missed, the parent will be notified. In order to avoid these interruptions, please notify the Bowie Center of any scheduling changes.

8. When schools are closed due to inclement weather, the client must notify the Bowie Center if the student will not be attending his/her session. The Bowie Center will most likely remain open. Should the Bowie Center decide to close we will contact each scheduled client via email.

9. We ask your permission to the use photographs in which your child may appear as a student in any programs or activities of Bowie for publications, brochures, internet web site, and other promotional materials. If you do not agree to this, please check this box. ☐

**I have read and agree to abide by the above scheduling and financial policies.**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature (if student is younger than 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**