



# 2021 Summer Care Tuition

This form must be returned with a voided check or credit card information by May 3rd to insure your child's summer care registration remains current to: Bishop O'Gorman Catholic Schools Account Receivable, 3100 W. 41<sup>st</sup> St., Sioux Falls, SD 57105.

**PLEASE DO NOT RETURN BY EMAIL**

Student Name(s): \_\_\_\_\_

Current School: \_\_\_\_\_ Effective Date: **May 20, 2021**

### I. Summer Care Sessions and Payment Due Dates:

May 24- June 4	May 20 <sup>th</sup>
June 7- June 18	June 1 <sup>st</sup>
June 21- July 2	June 15 <sup>th</sup>
July 6- July 16	July 1 <sup>st</sup>
July 19- July 30	July 15 <sup>th</sup>
August 2- August 6	July 25 <sup>th</sup>

TADS begins processing automatic payments at 2 PM on the business date **BEFORE** the payment due date.

II. **Summer care fees are payable by ACH or credit card via TADS (Tuition & Billing Management).** All families must have automatic payment information on file. Advance payments may be made by cash or check in the Business Office upon receipt of the tuition billing via email from TADS, and prior to the payment due date. The amount billed will reflect the schedule selected on your registration form. Billing will be adjusted for schedule changes that increase or decrease the tuition originally billed, so long as schedule reductions follow the refund policy.

- a. If you prefer to enter your ACH or credit card directly into your TADS account, please follow the steps below.
  1. While viewing your billing account, click on the Settings link in the blue bar midway down the page.
  2. Click the Edit button at the bottom of the page.
  3. If any of the contact information needs updated, you can do so by clicking the Edit button below Contact Information.
  4. Scroll down to Payment Method and select "Automatic Bank Payments" and enter your banking information or "Automatic Credit Card Payments" and enter your credit card information.

OR

### b. Automatic Payment Method

Please Circle One:            Credit Card                    Auto Bank Payment (voided check attached)

Name on Credit Card \_\_\_\_\_

Visa, MasterCard or Discover Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Note: Credit card payments will incur a 3.00% non-refundable surcharge on all payments.

### III. Refund Policy:

Refunds available for full weeks only if notification is made in writing 15 days prior to the payment due date. Refund requests must be made in writing to jgaspar@ogknights.org or mailed to Accounts Receivable at 3100 W. 41<sup>st</sup> St., Sioux Falls, SD 57105. **No Refunds will be issued for any requests that do not follow these guidelines.**

**IV. Signature:** If you have questions about your billing statement, please call the Business Office at 575-3355. I certify that I have read, understand, and agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature (Responsible Party)

\_\_\_\_\_  
Date