

UWEC Children's Nature Academy

Billing Information Form

Child(ren)'s Name: _____ Date of Birth: _____

Party(ies) Responsible for Payment:

Name(1): _____ (Circle One): Student Faculty/Staff Community

Name(2): _____ (Circle One): Student Faculty/Staff Community

Blugold ID or Date of Birth: Name (1) _____, Name (2) _____

Home phone _____ Cell phone _____

E-mail address (1): _____

E-mail address (2): _____

If more than one party are responsible for the account both names must be filled out and the percentage of the bill they are responsible for should be next to the name. Split billing will be done only upon written request and may be subject to additional monthly administrative costs.

University Collection Policy

I understand that if my Children's Nature Academy account becomes delinquent the University may disclose that information along with other relevant information to credit bureau organizations. If this happens, my delinquent account will be turned over to the University Collections Office. At that time, I will be responsible for all collection charges, such as court costs and collection agency costs. Finance charges will also accrue, at a monthly periodic rate of 1%, if the account is turned over to the University Collections Office.

Signature _____ Date _____

Signature _____ Date _____