

Request for Payment



4215 Spring St., Suite 321, La Mesa, CA 91941
 Email: extendedunits@learningchoice.org
 Fax: (619) 463-0052

The student may enroll in an extended class of choice. This class can be offered by TLC, or an independent instructor of expertise. Independent classes may be held at a TLC facility, at a studio or in a home.

TLC PAYMENT REQUIREMENTS

- All paperwork must be completed before payment is made.
- This form must be submitted **before or within** the month the student will attend the class, except for the month of June. **Final date to submit any Request forms, including for June, is May 15, 2012.**
- All information about the class and instructor must be correct.
- The instructor/agency (who is not a family member) must submit an updated W-9 form each year in order to get paid
- After the request for payment has been processed, an Agreement to Pay will be mailed to the parent to be signed by both the parent and the instructor. Until all required paperwork has been correctly completed and signed by both parties, TLC will not make payments. The Agreement to Pay and the provider W-9 forms **must be received by May 31, 2012** in order for payment to be made.
- The instructor or agency must submit an **original** invoice (not fax or email) with signature to get paid. All original invoices **must be received by June 14, 2012.**
- Student must be in good standing with TLC and attend the class in the month stipulated on the Agreement to Pay in order for the instructor or agency to be paid.

TLC PARENT/STUDENT INFORMATION

| | |
|-------------|--------------------|
| Parent Name | Student Name |
| Address | City Zip Code |
| Phone | E-mail |

PROVIDER INFORMATION

| | |
|------------------------|--------------------|
| Studio/Instructor Name | Type of Class |
| Address | City Zip Code |
| Phone | E-mail |

BACKGROUND CHECK INFORMATION

In order to assure your student's safety, TLC will provide a free service to complete a Background Check on the instructor. If selecting this option, **you should inform the instructor first** before requesting the Background Check service as the instructor will not be paid until TLC has received the results. Instructors will be fingerprinted at the San Diego County Office of Education.

- Select one of the following options:
- I request the Background Check and understand the payment limitation as stated above.
- I will supervise my student and waive the Background Check service.

PAYMENT OPTIONS

Month Class Begins: _____ Month Class Ends: _____

- Select one of the following payment options:
- Payment should be made one time only (upon completion of class) for a total \$ _____
- Payment should be made on an ongoing monthly basis of \$ _____ (per month)

I understand the requirements for the TLC Extended Class program as defined in the Parent-Student Handbook (beginning on page 135) and I will follow them. I understand and have read the reimbursement policies on this form and agree to comply. I am responsible for letting TLC know when my student withdraws from class. I understand that my request will not be processed unless this form is filled out completely. I understand that requests must be made by May 15, 2012, or they will not be processed.

Parent Signature _____ Date _____

| | | | |
|-----------------------------|---------------|---------------|----------|
| For Office Use ONLY: | | | |
| IA Initials | Date Received | Date Reviewed | Initials |
| \$ | | | |
| FMP # | Amount | | |