

FINANCIAL AGREEMENT

Account Name _____ ID# _____

Person(s) responsible for paying this account: _____

If more than one person is responsible, *please communicate* any special billing needs.

Tuition billing date is the 10th ; past due after the 20th.

Activity fees are billed monthly *unless you indicate below that you will pay them in a lump sum.*

Please select one billing cycle *and* one method of payment.

BILLING CYCLE

- ___ 10-month (Aug-May)
- ___ 12-month (Aug-July)
- ___ 12-month ACH DEBIT (Aug-July)

PAYMENT METHOD

- ___ Monthly Tuition **and** Activity Fee
- ___ Monthly tuition only; lump sum Activity Fee
- ___ Full year lump sum tuition
- ___ Half year lump sum tuition

* **First-time Electronic Debits** require a separate bank authorization and a deposit slip or voided check. Debits are transacted on the 20th of each month on a **12-month** cycle.

LATE FEES

\$25 for tuition paid after the 20th of the month

\$25 one-time fee for book, camp, lump sum activity fee paid after Oct. 20

\$25 FEE FOR ALL CHECKS OR ACH DEBITS RETURNED DUE TO INSUFFICIENT FUNDS

Extended Care

Please select one billing option if you plan to use extended care.

- ___ Monthly Billing Students who stay after school three or more days *every week* will be billed a fixed rate of \$95 per month per child (full-day kindergarten and grades 1-6)
\$165 per month per child (half-day preschool or kindergarten)
- ___ Daily Billing Students who stay occasionally or when a special need arises will be billed at the daily rate of \$8.50 per day per child (full-day kindergarten, grades 1-6) or \$14 per day per child (half-day preschool or kindergarten)

If your situation changes during the year, please notify the Financial Secretary to adjust your billing.

All tuition and fees are due as billed. If an emergency arises, you are expected to make immediate arrangements with the administration until regular payments can be resumed. Limited scholarship funds are available. To apply for assistance, please ask for a Tuition Assistance Application.

In the event of withdrawal, transfer, or expulsion, families are responsible for full payment of tuition and fees through the end of the calendar month. The school reserves the right to withhold report cards and student records until tuition and fees have been paid in full.

By signing this Financial Agreement, I agree to make all payments on time and to pay all fees as due. I understand that late fees will be assessed if I fail to keep my account current, and my child(ren) may not be allowed to continue in school or in extended care until the balance is paid in full. I further authorize the school to withhold report cards and other records until all tuition and fees have been paid in full.

Signature(s) of person(s) financially responsible for this account:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____