

Calvary Chapel Christian Academy

Financial Agreement 2018-2019

In this contract between Calvary Chapel Christian Academy and (Mr., Mrs., Ms.) _____, we the parents (or Guardian), agree to enroll the students listed below for the year _____ and accept responsibility for the following:

REGISTRATION FEE (not refundable if student is accepted) \$ _____

TESTING FEE \$ _____

Student's Name(s).....	_____	_____	_____	Totals
Grade in September (please circle)	K, 1,2,3,4,5,6	K, 1,2,3,4,5,6	K, 1,2,3,4,5,6	
ANNUAL FEE	\$ _____	\$ _____	\$ _____	
.....	\$ _____	\$ _____	\$ _____	
.....	\$ _____	\$ _____	\$ _____	
.....	\$ _____	\$ _____	\$ _____	
.....	\$ _____	\$ _____	\$ _____	
Ext. Daycare-Morning	\$ _____	\$ _____	\$ _____	
Ext. Daycare-Afternoon	\$ _____	\$ _____	\$ _____	
Ext. Daycare-All Day (4-5)	\$ _____	\$ _____	\$ _____	

PAYMENT PLAN

	Advance (\$200 off first student) – Due August 1 st	Sub-Total.....	\$ _____
	10 Month Plan (August-May) – Due on the 1 st	\$200 Discount for full payment	\$ _____
		Total Due.....	\$ _____

1. We understand that the registration fee is to accompany the application. The registration fee will not be refunded if the child is accepted for enrollment. If not accepted, the registration fee will be refunded.
2. We understand that the charges for annual tuition and fees will be paid in (10) equal installments beginning in August (10 month plan). Should the child(ren) be withdrawn prior to August 1st, any prepaid tuition or fees will be refunded. Although tuition may be paid monthly, we accept responsibility for the full annual tuition except as noted in #5 below.
3. Payments for Tuition, Fees, and Extended Daycare Program received after 10-day grace period or received as a partial payment will result in a late charge of \$25.00. If more than two payments are delinquent, class attendance will not be permitted until arrangements have been made to make payments and the account is brought to current status. The monthly payment is due regardless of the number of days attended or the number of school days in a month.
4. There will be a \$15.00 service charge for checks returned only after the second submission. Payments will automatically be resubmitted a second time for collection.
5. We understand that the school reserves the right to dismiss any student who does not cooperate with the educational process. If the student is transferred or withdrawn from the school by the parent or guardian for any reason, the account will be reconciled and a final billing or refund (as appropriate) will be forwarded to the financially responsible party.
6. We understand that our student(s) continued enrollment in Calvary Chapel Christian Academy requires acceptable academic performance and proper conduct as determined by the school staff and administration. Re-enrollment is conditional on acceptable citizenship and academic progress.
7. We understand that timely payment of tuition and fees is a requirement for continued enrollment.
8. We agree to cooperate with the school staff and administration in all matters relating to our student's enrollment at Calvary Chapel Christian Academy.

Full Name of Child(ren): _____ Date _____

Signature of Parent/Adult Responsible for Payment of Fees: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Note: All financial matters concerning your account will only be discussed with the parent(s)/person listed as the individual responsible for payment of fees. Thank You.