

Family Christian Academy  
**EDUCATION FEE CONTRACT**

**Current School Year:**

- |                                    |
|------------------------------------|
| <input type="checkbox"/> 2015-2016 |
| <input type="checkbox"/> 2016-2017 |
| <input type="checkbox"/> 2017-2018 |
| <input type="checkbox"/> 2018-2019 |

ACCOUNT DOWN PAYMENT DUE BY – AUGUST 1 of current school year  
PHYSICAL EDUCATION FEE DUE BY – OCTOBER 1 of current school year

By signing below you are acknowledging the following:

I/We agree to pay the Education Fee and all other related costs according to the schedule and option that I/we have selected on the attached Education Fee Payment Option form and Financial Statement

I/We understand that all Education Fee payments are due by the 1st of each month and considered late after the 1<sup>ST</sup> and a late fee will be assessed. If the 1<sup>st</sup> is on a Saturday, Sunday or Holiday, payment is due the business day before.

I/We understand that any account over **30 days late**, without specific payment plan, will be subject to collections and legal proceedings, and the registered student(s) will be subject to dismissal and will not be allowed to return to school until the balance on the account is paid in full by cash or money order or acceptable payment arrangements are made within three (3) days of account due date. **ALL FINANCIAL ARRANGEMENTS MUST BE MADE WITH SCHOOL ADMINISTRATOR.**

I/We understand that if we select the full or semester payment options and payment is not made on the due date, any discounts given will be voided and the full tuition amount will be due.

I/We understand FCA will assess a late fee of \$35 for all late payments. **LATE FEE will be applied on the 2nd to all accounts with an unpaid balance and will be enforced. LATE FEE MUST BE TURNED IN WITH THE MONTHLY PAYMENT DUE.** Payments will be applied to Late Fee charges first then monthly Education Fee.

I/We understand that there may be extra costs/charges for special activities, e.g., lunch out, fieldtrips, etc. during the current school year.

I/We understand that the student(s) **MAY NOT** participate in Hot Lunch or Pizza Days if account is not current and I/We understand lunch/pizza may not be brought in for the student(s), on these specified days, if these privileges have been suspended and the student(s) must bring a sack lunch instead.

I/We understand that delinquent fees and penalties may be cause for termination of services.

I/We understand that student will not be allowed to participate in any off campus activities (school field trips, sports, etc.) if the account is not current.

I/We are responsible for any costs, i.e. attorney or collection fees, that may be assessed in the collection of unpaid fee and/or penalties due according to my Financial Agreement.

I/We agree to pay an after hour fee of \$2.00 after 3:45 for each child and \$2.00 per child per hour after 4:00 p.m. This fee is NOT prorated and will be paid directly to the staff person who has stayed with the student(s).

I/We accept the policy of FCA that no records, grades and/or transcripts will be released unless the account is paid in full.

I/We accept responsibility for any damage to the school property or school materials caused by my (our) student(s).

I/We agree that all fees are non-refundable.

I/We understand that a student with an outstanding balance from the previous year cannot be registered for the next academic school year until the entire balance is cleared. Any fees or funds received for the current year will first be applied to the outstanding balance.

I/We understand that upon withdrawal or dismissal during the school year, Education Fee will be due for the complete month of withdrawal. Pro-rated refunds will only be given for advance payments of Education Fee (excluding enrollment fees, book fees, testing fees, Physical Education fees) beyond the current month of withdrawal or dismissal.

Please refer to the attached Financial Agreement and Payment Options sheets for Education Fee amounts and other fees. All sheets are incorporated as a part of this contract.

**THIS CONTRACT BECOMES VALID WHEN SIGNED BY THE RESPONSIBLE BILLING PARTY FOR THE STUDENT(S) ENROLLED AT FCA.**

Responsible Billing Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Billing Party Signature #2 \_\_\_\_\_ Date \_\_\_\_\_

Authorized FCA Signature \_\_\_\_\_ Date \_\_\_\_\_