



## 2022/23 ECE TUITION PAYMENT AGREEMENT

Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_ Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address (for invoices/payment information) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary/Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred E-Mail Address for financial communication (for invoices/payment information) \_\_\_\_\_

**How did you hear about Cornerstone Christian Academy?** \_\_\_\_\_

Referred by: \_\_\_\_\_

**Enrollment Fees** (per student): Early Childhood Education \$200 ♦ School Age Extended Care (Sept - May) \$125

Student Names (oldest to youngest)	DOB	Mon	Tues	Wed	Thurs	Fri	Enrollment	Tuition
1		-	-	-	-	-	\$	\$
2		-	-	-	-	-	\$	\$
3		-	-	-	-	-	\$	\$
4		-	-	-	-	-	\$	\$
<b>Totals</b>							\$	\$

**Additional hours/days will be billed as a monthly adjustment on the subsequent month billing statement at the following rates:**

♦ 12-30 months: \$87/day ♦ 30-60+ months: \$76/day

♦ 5-12 years: \$11.00/hour (one hour minimum), \$66/day, A No-Show fee of \$33.00/day will be assessed for each full day reserved in Extended Care for which there is no attendance (applies during ES/MS No School days and Summer Care Program).

FACTS Fee	\$
Enrollment Fee	\$
Tuition	\$
Other	\$
	\$
<b>Total</b>	<b>\$</b>

\*I would like to donate to the tuition assistance fund: Yes  Not now  If Yes, One time \$ \_\_\_\_\_ Monthly(FACTS) \$25 \$50 \$100 Other \$ \_\_\_\_\_

We/I understand the enrollment fees are **non-refundable**. We/I understand that payment for tuition and fees will be made through an account set up through the FACTS Management Program. A \$25.00 fee will be assessed for late payments. A \$30.00 fee will be assessed for returned payments. An after-hours fee of \$1.00 per minute will be assessed for each minute after 6:00pm for full day Preschool/Pre-K and School Age Care and 11:25 am for AM Preschool/Pre-K. We/I understand our/my child will not be permitted to continue attending school if our/my account becomes **45 days** or more past due. We/I understand that by signing below, we/I consent to FACTS using automatic telephone dialing systems and an artificial or pre-recorded voice to provide updated information regarding my agreement. CCALL must be notified in writing if I/we wish to remove this feature.

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

**TERMINATION AND SCHEDULE CHANGES:** Cornerstone Christian Academy reserves the right to terminate services to a student at any time. If you wish to discontinue this contract, please provide a minimum of two (2) weeks written notice prior to your child leaving.

**ABSENT DAYS:** There is no adjustment for absences, such as illness, weather or personal plans. A vacation credit based on the student's weekly schedule is offered September through August and must be requested two (2) weeks in advance by written notice. Vacation credits do not apply to AM Preschool/Pre-K.

**HOLIDAYS AND SCHEDULED SCHOOL CLOSURES:** We/I understand that Cornerstone Christian Academy will observe all major Federal Holidays and one week in late August, during which time the school will be closed. We/I also understand that CCA may determine school closure is necessary due to inclement weather. These closures have already been factored into the above monthly tuition amount and no further credits will be applied.

Office Use Only:			
Amount Paid \$ _____	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Check # _____ Online <input type="checkbox"/> Date Received _____