

# Tuition/Fees Payment Preference Form



ALL FAMILIES PLEASE FILL OUT THE TOP PORTION AND SIGN BELOW

Tuition Payer/Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Student(s): \_\_\_\_\_

For the 20\_\_ school year, I will pay my student's tuition/fees by the payment option checked below. **If not previously enrolled with FACTS, you must go to the [www.rcchristianacademy.org](http://www.rcchristianacademy.org) and click on the FACTS link to enroll.**

- OPTION 1** Full Tuition/Fees Payment due 07/01.
- OPTION 2** Two Equal Payments due 08/01 and 01/01.
- OPTION 3** Four Equal Payments due 08/01, 11/01, 02/01, and 5/01.
- OPTION 4** Monthly Payments through FACTS. 11 Months July – May or 10 Months Aug. – May

For monthly payments through FACTS, please choose from the following:

Payment Withdrawal Date:	5 <sup>TH</sup>	20 <sup>TH</sup>	
Payment Plan:	10 Months	11 Months	Yearly
Activity/Graduation Fee:	10 Months	11 Months	Yearly

**ALL YEARLY PAYMENTS ARE DUE INTO THE ROCK CREEK CHRISTIAN ACDEMY FINANCE OFFICE BY JULY 1. AII FEES WILL BE INCLUDED ON YOUR FACTS AGREEMENT UNLESS OTHERWISE INDICATED ABOVE.**

**\*\*FEES TO BE INCLUDED ON FACTS ARE EXTENDED TIME, TRANSPORTATION, ACTIVITY, AND GRADUATION FEE.**

## RETURNING FAMILIES:

PLEASE COMPLETE A FACTS FORM ONLY IF THE FOLLOWING APPLIES:

1. YOU PAID YEARLY LAST YEAR AND ARE NOW PAYING MONTHLY
2. THE TUITION PAYER/RESPONSIBLE PARTY PERSON HAS CHANGED

### Fee's charged by FACTS:

- 1) An annual fee of \$50 will be assessed to your account for using FACTS Tuition Management Company for the current school year.
- 2) Missed payment attempts will be charged a \$30 fee by FACTS.

**ALL CHANGES MUST BE GIVEN TO THE FINANCE OFFICE 10 DAYS PRIOR TO YOUR WITHDRAWAL DATE.**

My signature below signifies that I have read Rock Creek Christian Academy's policy regarding tuition and agree to abide by all the terms of this policy, and I agree to make tuition payments for the current school year according to one of the options above, as indicated by my selection.

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

Date \_\_\_\_\_

**This form must be returned to the Rock Creek Christian Academy immediately upon completion**  
*This form is for use in collecting information to complete agreements/re-enrollments.*