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 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: _____5TH _____ 20th

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. All 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 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.