

Tri-City Christian Academy - Financial Responsibility Form

RESPONSIBLE PARTY BILLING INFORMATION (please print clearly)

First Name: Last Name: Billing Address: City: State: Zip: Home phone #: E-mail Address:

*Monthly statements will be e-mailed to the address listed above.

STUDENT INFORMATION:

Name: Grade: Name: Grade: Name: Grade:

TUITION PAYMENT OPTION

DISCOUNTED ADVANCE FULL PAYMENT OPTIONS: please initial next to selection

- A. FULL TUITION PAID BY APRIL 15TH, RECEIVES A 4% DISCOUNT
FULL TUITION PAID BY JUNE 30TH, RECEIVES A 3% DISCOUNT
C. FULL TUITION PAID BY FIRST DAY OF SCHOOL, RECEIVES A 2% DISCOUNT
D. SEMESTER PAYMENTS: 1ST HALF BY JULY 15TH, 2ND HALF BY JAN 15TH, RECEIVES A 1% DISC

MONTHLY PAYMENTS: FACTS Program (Automatic ACH - checking/savings, or credit card)

E. FACTS - NEW: First time users set-up online at our website: www.tcca-nh.com

Click Admissions, Payment Plans / FACTS,



F. FACTS - RENEW: Previous users will be automatically renewed.

**New and Previous FACTS users, must indicate their payment schedule preferences below.

Monthly Payment Schedule Aug - May (10 Mo) Sep - July (11 Mo) Sep - Jun (10 Mo) Sep - Aug (12 Mo)

Payment withdrawal date (please circle): 5th 10th 20th

In signing this form, I understand and agree to the following:

- 1) That I will make all tuition payments according to the payment plan I have selected above.
2) That I will make all additional payments as due according to the applicable fee schedule (supply, book, electives, etc.)
3) That all Before & After School Care charges will be paid by the 15th of the month in which they are billed.
4) That there will be a \$15 fee charged for each returned check
5) That a monthly finance charge of 1.5% may be assessed on accounts with balances over 30 days old.
6) That if two or more consecutive monthly tuition payments are missed, without an alternative payment arrangement, my student's enrollment could be terminated.
7) That in the event of default, the responsible party will be obligated to pay any fees resulting collections or legal action.

Responsible Party Name: Date: Signatures: Name: Date: