

Tri-City Christian Academy - Financial Responsibility Contract

(This form MUST be submitted at time of registration, along with application form and fee.)

STUDENT NAME(S): _____ grade: _____
_____ grade: _____

RESPONSIBLE PARTY NAME and BILLING ADDRESS: (please print clearly)

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

Statements will be e-mailed at the beginning of every month to the e-mail address indicated above

Please Note:

If more than one Responsible Party is to be billed for the student(s) listed above, a separate Financial Responsibility Contract must be completed and signed by each party, indicating (below) how billing is to be split between each party


Split Billing Instructions: Tuition: _____
All other fees: _____

TUITION PAYMENT OPTIONS: (please initial next to selection)

FULL OR HALF PAYMENT OPTIONS:

- A. _____ FULL TUITION PAID BY APRIL 15TH, RECEIVES A 4% DISCOUNT
B. _____ 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% DISCOUNT

MONTHLY PAYMENTS: **FACTS Program (Automatic Withdrawals from: Checking or Savings Account, or Credit Card)**
(Responsible Party pays the annual \$45 enrollment fee)

- E. _____ **FACTS (NEW):** First time users must set-up new agreement online.
Go to the TCCA website: www.tcca-nh.com.
Click Admissions, Payment Plans / FACTS, 
F. _____ **FACTS (RENEWAL):** As a previous FACTS user, I acknowledge that my agreement will be automatically renewed, with any change in schedule indicated below.

MONTHLY PAYMENT SCHEDULE: (please initial)

_____ 10 MO AUG - MAY _____ 11 MO SEP - JUL
_____ 10 MO SEP - JUN _____ 12 MO SEP - AUG

FACTS 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 \$20 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 I have read the **Tuition Refund Policy (see Tuition/Fee Schedule)**, in the event of early withdrawal of my student(s).
- 8) That in the event of default, the responsible party will be obligated to pay any fees resulting collections or legal action.

Signature: _____ **Date:** _____

print name: _____

last revision: 01/26/17