FINANCIAL AGREEMENT FORM ~ 2024-2025

The Financial Agreement must be signed at the bottom by both parents.
Tuition and recurring charges will be paid through FACTS Management Company

Name: _____ **Date of Birth:** _____
(Person responsible for bill) **(Person responsible for bill)**

Email Address: _____ **Phone:** _____

Student Name: _____ **Grade:** _____

If PK, Circle One Program: Half Day Full Day

Tuition Payment Schedule - Please Circle One (See details on Tuition Rates page)

Annual Semester Quarterly Monthly: 12 / 11 / 10
(Circle # of months)

I will be making my payments on the**: (Please Circle One)** You must choose the same date when you register with FACTS.

5th of the Month **20th of the Month**

FACTS Management Company

NOTICE: All tuition and recurring fees will be collected by the FACTS Management Company. Options for payments are automatic debit or credit card. Each family will set up their individual FACTS account online. If you choose the Annual or Semester payment option, your first payment will be withdrawn from your FACTS account by August 5th or August 20th and there will be a setup fee per family. If your funds are not available by August 5th or August 20th, you will be required to sign up for a different payment option. Once you select a payment option, you will be required to set up a FACTS account and will be assessed a setup fee based on your chosen payment option.

Parent Financial Agreement: I have read the Tuition & Fee Schedule and agree to pay all tuition, fees and charges listed in a timely manner. **Late payments: 4% on outstanding tuition and any other changes over 30 days. I understand that if my tuition is 60 days past due, it may result in the dismissal of my student(s) from GCA.**
I understand that this financial agreement is for the full school year. _____ **(Initials)** I understand that if I withdraw my student on or after August 1st I am responsible to pay the full tuition of the month in which my child withdraws and 100% of the remaining annual tuition due (unless the school board deems the withdrawal legitimate). I understand that if my account is delinquent, it will be sent to a collection agency. I understand that I am responsible for any fees charged by the collection agency, attorney and/or court fees in addition to the balance due Grace Christian Academy *of* Maryland. I understand that report cards, transcripts and recommendations may be delayed if my financial account with FACTS or RenWeb is delinquent.

_____ _____ _____
Signature (REQUIRED) Printed Name (REQUIRED) Date

_____ _____ _____
Signature (REQUIRED) Printed Name (REQUIRED) Date