



Rock Church Academy Before & After School Enrichment Program



Parent Contact/ Billed Party

Full Name: _____ Cell: _____

Billing Address: _____

Primary Email Address: _____ Secondary Email: _____

Payment Method/Frequency

I authorize Rock Church Academy to automatically debit payments from the account listed on this payment contract. I understand that payments cannot be adjusted or refunded for any reason. I also understand that I am responsible for all fees associated with my account if I were to have non-sufficient funds.

(Initials) _____

Checking/ Savings (Free)

Please Debit My : Checking Account (attach voided check)

Savings Account

Name of Bank: _____ Account # _____ Routing # _____

Credit/ Debit Card (3% additional fee applies to all Credit/Debit card payments)

Please Charge My: AMEX

DISCOVER

MASTERCARD

VISA

Card Number: _____ - _____ - _____ - _____ Expiration: _____ / _____ Security Code# _____

Student Information

Student 1: Full Name: _____ Grade entering in Fall: _____ Total \$ _____

Student 2: Full Name: _____ Grade entering in Fall: _____ Total \$ _____

Rock Church Academy Financing Plan Administrative Fee \$ 30.00

3% Credit/Debit Card Fee \$ _____

Total Tuition & Fees \$ _____

Payment Frequency: Monthly

Monthly Payment Schedule.

Sept. (Due August 15 th)	Oct. (Due September 15 th)	Nov. (Due October 15 th)	Dec. (Due November 15 th)
\$ _____	\$ _____	\$ _____	\$ _____
Jan. (Due December 15 th)	Feb. (Due January 15 th)	Mar. (Due February 15 th)	Apr. (Due March 15 th)
\$ _____	\$ _____	\$ _____	\$ _____
May (Due April 15 th)	June (Final 1/2 Mo. Payment Due May 15 th)		
\$ _____	\$ _____		

Before Care: 7:00am-8:00am -\$119.25 | After Care: 3:00-6:00pm -\$238.50 | Before & After Care: \$327.93

Total Tuition & Fees: \$ _____ / # of Payments _____ = Payment of: \$ _____

By completing this form, I am enrolling the above-named child(ren) in the Rock Church Academy Before and After Care Program. I understand that Rock Church Academy does not offer refunds for any reason. Families may not stop automatic payments. Payment dates are final and cannot be changed for any reason. Parents who enroll in RCAFP after July 15th will be subject to additional payments due. Please ensure that you have sufficient funds in your account to cover each scheduled payment. Payments may take several business days to come out of your account. Declined Rock Church Academy Financing Plan (RCAFP) payments will result in a non-sufficient funds charge of \$35.00 per occurrence. I understand that any unpaid balances will result in my child's dismissal from the Rock Church Academy Extended Day Program. Full payment of the outstanding current tuition owed plus any applicable fees will be required for consideration of student reinstatement. I understand that my financial balance may be shared with creditors to collect payment on behalf of Rock Church Academy should my payments become delinquent.

Parent's Signature: _____

Date of Registration: _____

OFFICE USE ONLY: Registration Verified by: _____ Date: _____
Payment Processed By: _____