

Family: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

# Capital Christian School

310 Sheep Davis Road - Concord, NH - 03301-5736

# 2020-2021

(603) 224-3641

## Financial Agreement

Student Name(s)		Grade	Reg. Fees	Annual Tuition
last	first		\$	
_____	_____	_____	300.00	_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
Application Fees paid at an earlier date <i>(if any)</i> Subtotal			\$	_____
Tuition installment(s) due today			\$	_____
(Only if registering on or after August 24, 2020)			-	_____
<b>Amount Due Today</b>			\$	_____

If registering after Sept. 14, 2020, please enter the tuition pro-ration percentage here \_\_\_\_\_ | X \_\_\_\_\_ %

Subtotal after Pro-ration (if applicable) | \$ \_\_\_\_\_

If registering on or after Aug. 24, 2020, subtract any tuition installments made at registration. | - \_\_\_\_\_

Subtotal | \$ \_\_\_\_\_

Church or other assistance -- *Please specify church /organization (if applicable.)* | \_\_\_\_\_

Name of church/organization: \_\_\_\_\_ | \_\_\_\_\_

We must have **authorized written** confirmation of amount for assistance. | \$ \_\_\_\_\_

You will be responsible for any amounts not paid by the church or assisting organization. | - \_\_\_\_\_

Subtotal | \$ \_\_\_\_\_

Prepayment Discount *(if applicable)* 5% for Annual Plan (Tuition Only) | - \_\_\_\_\_

**Amount to be Billed** | \$ \_\_\_\_\_

**All calculations on this agreement are subject to recalculation and verification by the CCS Treasurer.**

Amount Paid: \$ \_\_\_\_\_ Payment Method: \*Cash \*Check # \_\_\_\_\_ Date: \_\_\_\_\_

## Description of Tuition Billing Options

Please check mark the billing option that you are selecting.

1. \_\_\_\_ **Monthly Installment Plan** - The annual tuition amount will be divided into ten equal installments each due on the 10<sup>th</sup> day of each month from August through May. If the payment is not received during the seven day grace period, the account will be assessed a **late payment fee of \$15.00**. For registration on or after August 24, 2020, a tuition installment may be due at registration - please consult the school treasurer.
2. \_\_\_\_ **Annual Payment Plan** - One annual payment to be received by August 24, 2020. (For registrations after August 24, 2020, the due date will be the registration date.) This **includes a 5% tuition prepayment discount**. No discount is given for an annual payment after that date. Families that select the annual payment option at registration, but are unable to make that payment by the due date, will be placed on a monthly installment plan as described above.

### General Financial Terms

- > Registration fees are due upon registration and must be received for each student prior to their enrolling at CCS. **Registration fees are non-refundable. Prepayment discount does not apply to registration fees.**
- > Students whose accounts are more than 60 days past due will be asked to bring the account current. If they do not do so, they may be asked to withdraw from CCS.
- > Final report cards, transcripts and other school records will not be released until each account is paid in full.
- > All graduating 8<sup>th</sup> graders must have their accounts paid in full in order to participate in any graduation activities.
- > A fee of \$10.00 is charged for each check not honored by your bank. After two returned checks in a one year period, we will require future payments be made by cash, certified check, or money order.

### Agreement/Signature of Responsible Party

I have read and understand this Financial Agreement and agree to make payments in accordance with the payment plan selected. I understand that other charges may be posted to my account during the year including, but not limited to, returned check fees, late payment fees, and fees for damages to school property caused by my student(s).

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

Name: _____	Phone Number: _____
Address: _____ _____	If requesting Constituent or non-constituent SDA tuition rates, please provide the following information:
E-mail: _____	Church Membership at: Name of church: _____
Relationship to Student(s)	Address of Church: _____

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