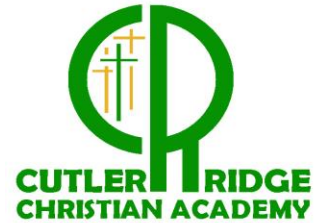


**PAYMENT SELECTION FORM**  
2017-2018



**STUDENT NAME(S):**

_____	<b>GRADE</b> _____
_____	<b>GRADE</b> _____
_____	<b>GRADE</b> _____
_____	<b>GRADE</b> _____

I am selecting the following payment plan for the **Academic Year 2017-2018:**

- \_\_\_\_\_ **Full Year Plan, All Grades** (due in August)
- \_\_\_\_\_ **11 Month Payment Plan** (July 1<sup>st</sup> – May 1<sup>st</sup>)
- \_\_\_\_\_ **10 Month Payment Plan** (August 1<sup>st</sup> – May 1<sup>st</sup>)

**Parent Email for Billing Matters:** \_\_\_\_\_

My signature below indicates that I have carefully reviewed the aforementioned, fully understand my financial obligations to Cutler Ridge Christian Academy and my willingness to cooperate fully. Furthermore, I understand that this will be the payment schedule I will be expected to adhere to for Academic Year 2017-2018.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR REGISTRATION.**

# FINANCIAL POLICIES FORM

2017-2018



Cutler Ridge Christian Academy (CRCA) strives to maintain quality, Christian education. We are a self-supporting, non-profit organization, which depends solely on tuition dollars to operate. Therefore, it is imperative that account balances be received in a timely manner in order for our financial commitments to be met. The following policies are in place in regards to account balances.

Account balances are due by the 1<sup>st</sup> of the month. A Late Charge of \$30.00 will be assessed if account balance is not received by the 10<sup>th</sup>. No exceptions will be made to this policy.

If payment is not received by the 10<sup>th</sup> of the month, the student(s) will automatically be placed on financial suspension, until such time that all payments due have been made. The account must be paid in full before the following can occur: receive his/her report card and/or transcripts, take school semester exams, or participate in graduation.

If you have an extenuating circumstance that will prevent you from adhering to this policy, you must provide an explanation in writing and may be asked to provide additional documentation for verification. Any special request needs to be approved by the School Administration on an individual basis.

There are several methods of payment accepted: Cash, Checks, or Credit Card. You may choose to submit a form allowing CRCA to charge all monthly charges on your account. We accept VISA and MasterCard.  
All fees and tuition payments are non-refundable.

**My signature below indicates that I have carefully reviewed the aforementioned, fully understand my financial obligations to CRCA and my willingness to cooperate fully.**

**STUDENT NAME(S):**

_____	GRADE _____
_____	GRADE _____
_____	GRADE _____
_____	GRADE _____

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR REGISTRATION.**