

Savannah Christian Academy
Financial Agreement
2009-2010

1. I understand that the policy of SCA is to make no refund of registration fees.
2. I understand that payments are due on the 1st of each month. If payment is not received by the 10th of the month, a **\$10.00 late fee** will be charged to my account. In the event that the 10th falls on a Saturday or Sunday, the payment will not be considered late if paid on the next business day. The next business day is typically Monday, unless it is a holiday weekend. The same applies if Monday (Tuesday, Wednesday) is a snow day, i.e. the payment will be due the next day that the school is open for business.
3. I understand that if my account is still delinquent on the last day of the month, child(ren) will not be permitted to attend classes until the account is satisfied.
4. I understand that the first tuition payment must be paid by August 1st and the last tuition payment must be paid by May 1st.
5. I understand that my account will be charged a **\$20.00 returned check fee for each** check returned on my account. After the second returned check, I understand that my account will be on a **cash only** basis.
6. I understand that there will be a **financial hold** on my child(ren)'s report card(s) and school records if payment is not current at the end of each grading period. This financial hold will remain in effect until the account is current.
7. I understand that I am ultimately responsible for all payments to this account.
8. I understand that I have a financial commitment to SCA for the entire school year. If I withdraw my child(ren) from SCA during the course of the school year of my own accord, I realize that I am still responsible for the remaining portion of my child(ren)'s tuition. (If I have to relocate due to unforeseen circumstances and thereby must withdraw my child(ren) from SCA, I realize that I will be responsible to pay tuition for each month that my child(ren) attend SCA, even if the entire month is not completed.)

Payee's Signature: _____ Date: _____

Child's Name: _____

Billing Address: _____
