



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Payment Contract

Student/ Payee Information:

1st Child's First Name: _____ Last Name: _____ DOB: ____/____/____

Class Enrolled In: _____ Circle Days Attending: M T W Th F

How many days is child attending weekly? _____

2nd Child's First Name: _____ Last Name: _____ DOB: ____/____/____

Class Enrolled In: _____ Circle Days Attending: M T W Th F

How many days is child attending weekly? _____

3rd Child's First Name: _____ Last Name: _____ DOB: ____/____/____

Class Enrolled In: _____ Circle Days Attending: M T W Th F

How many days is child attending weekly? _____

1st person responsible for payment: _____ Social Security # ____-____-____

2nd person responsible for payment: _____ Social Security # ____-____-____

Payment Information (To be filled out by Business Manager):

Registration Fee: \$100/child or \$150/family Total Registration Fee: _____

Weekly payments are due the Friday before the week your child comes. Late fees will be assessed if these terms are not met.

Tuition for Child One: _____ Discount Received: _____ Total Payment: _____

Tuition for Child Two: _____ Discount Received: _____ Total Payment: _____

Tuition for Child Three: _____ Discount Received: _____ Total Payment: _____

Total Payment with all children: _____ / Week

I understand that weekly tuition is due every Friday for the preceding week. If I choose to pay monthly, my tuition is due on the first of the month. I understand a late fee of \$15 will be assessed for the first day my tuition is late and an additional \$5 will be assessed each additional day until my late balance is paid in full. I know ACA reserves the right to dis-enroll my child due to a delinquent account. If ACA is closed on a Friday or the first of the month, I understand that my tuition is due on the Thursday before or on the last weekday of the prior month. If I have questions or concerns regarding my tuition payments, I will speak with the Financial Manager. I understand that if I dis-enroll my child and then reenroll him or her, that I am responsible for the \$100 registration fee and my child will be readmitted based on availability. I also understand that dis-enrolling will cause me to lose any accrued unused vacation days. I agree to the above terms of payment.

Print Name: _____ Date: ____/____/____

Sign Name: _____ Date: ____/____/____