Financial Agreement





Student Name(s):							
Who is responsible to pay for tuition?							
Name			Email Address*				
Address							
City	ity				Zip		
Home Phone			Cell Phone				
Who is responsible to pay for other fees?			☐ Same as above				
Name				Email Address*			
Address							
City			State		Zip		
Home Phone	ome Phone			Cell Phone			
*FACTS and HHCS will send account notifications by email. Please make sure the office has your current email address. Note: If divorced or separated parents are dividing the tuition and fees, an agreement is required for each party. If grandparents are paying tuition and parents are paying fees, an agreement is required for each party.							
Payment Plan Options							
PAYMENT METHOD	☐ ACH Debit	The same amount is automatically debited from your account on the same date each month (you may select the 5th or 20th).					
	☐ Cash or check	Checks payable to FACTS if mailed to FACTS Management Services.					
	☐ Credit Card	Checks payable to HHCS if paid in the school business office. *FACTS accepts credit card payment (no Visa), but charges a service fee per transaction.					
BILLING METHOD	☐ ACH Debit	FACTS will send an email alert prior to debiting your account.					
	□ Invoice	FACTS will email or mail an invoice the first of the month, due by the 10th. May be paid to FACTS online or by mail, or may be paid in school business office.					
BILLING CYCLE	☐ One Annual payment due by July 20 or upon enrollment						
	☐ Two semester payments, the first due at enrollment, second by December 20						
	□ 11-month payment plan (July - May)						
	□ 10-month payment plan (August - May)						
To create a FACTS account, go to online factomet com. The colections above are similar to the guestions you will be							

To create a FACTS account, go to online.factsmgt.com. The selections above are similar to the questions you will be asked when setting up your account. If you choose the ACH Debit option, you will need to enter banking information.



Visit us online at www.hhcsmuncie.org
Call us at (765) **289-6371**Email us at office@hhcsmuncie.org

Financial Agreement (Page 2)

for Heritage Hall Christian School



Scholarship Information							
Are you planning to apply for a scholarship?	□ Yes □ No	□ SGO (K5) □ Vou	cher				
Have you completed a scholarship application?	ave you completed a scholarship application?						
Any amount not covered by a scholarship is your responsibility and will be billed through your FACTS account.							
Extended Care							
Please indicate your planned extended care use.							
☐ 3:00-5:30 pm extended care included in payment plan (consistent, daily use)							
☐ Occasional extended care from 3:00-5:30 pm at the rate of \$10 per day (billed to FACTS weekly)							
☐ I understand an additional late fee of \$10 will be charged for pick-up after 5:30 pm.							
☐ I have read the extended care policies in the Parent/Student Manual and agree to pay all fees as billed.							
☐ I understand that failure to keep my account current will result in losing the privilege and convenience of using extended care until all billed charges are paid.							
Please contact the office if your work situation changes during the year and your billing plan needs to be adjusted.							
Signatures							
By signing this Financial Agreement all resp	onsible parties un	derstand that					
☐ all accounts from prior years must be current before a student's enrollment will be accepted for the new year.							
☐ all fees not covered by a scholarship are my responsibility.							
□ late fees will be assessed if the account is not paid by the date due, and students may not be allowed to continue in school or in extended care until the balance is paid in full.							
no part of the re-enrollment fee or tuition is refundable unless the student fails to meet administrative requirements.							
\square no financial adjustments will be made for student's absences, vacations or school cancellations.							
\square all sports uniforms must be paid in full in the office before the uniforms will be issued to the student.							
□ contest and trip fees must be paid in full in advance of the contest or trip.							
□ lunch money should be deposited in a separate lunch account in advance and lunches may not be charged.							
□ the school will withhold report cards and other records until all accounts (including lunch) are paid in full.							
☐ if a student is withdrawn during the year, all	balances are due up	on receipt of a final statem	ent.				
My signature below indicates that I have review Christian School and Grace Baptist Church, and	•		_				
Signature(s) of person(s) financially responsible	for this account:						
Signature	Printed Name		Date				
Signature	Printed Name		Date				

