**TUITION AGREEMENT**

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**PERSON FINANCIALLY RESPONSIBLE FOR TUITION (please print):**

First Name:       Last Name:

Relationship to Student:

**STUDENT’S NAME** (if more than once child will be attending, please list only the oldest):

First Name:       Last Name:

Grade (for all children attending):

**PAYMENTS**

I will make [ ] 10 or [ ] 11 (select one) monthly payments with FACTS Tuition Management to be deducted on the [ ] 5th or [ ] 20th (select one) day of the month.

**FOR FACTS Families:**

[ ] As a new FACTS family, I have completed the attached FACTS application.

[ ] As a returning FACTS family, my information has changed, and I have attached the completed FACTS chance form. My FACTS account number is:

**DAYCARE**

[ ] Yes my child(ren) will also need daycare and I realize that this is a separate fee (see Daycare Rates sheet).

Check one: [ ] Before School [ ] After School [ ] Both

[ ] No my child(ren) will not need daycare.