Village View Christian Academy
Financial Enrollment Agreement
2020-2021

We understand that all families have many financial commitments. We appreciate you choosing to send your child to VVCA. Please review the following financial agreement form and return it to the office to secure your child's enrollment.

Child's Full Name: _____ Grade: _____
Parent Names: _____
Address: _____ City/State/Zip: _____

Tuition/Fees:
I agree to register my child into the K-12 educational program at Village View Christian Academy. I agree to be responsible for the full tuition and fees for the year that my child is enrolled and understand that I will be billed on the first day of the school year (or enrollment date for midterm enrollments).

My annual tuition, comprised of the registration deposit, cost of curriculum materials, tuition, 5 uniform shirts, and test materials will be: $6,620.00(K-5) / $6,920.00(6-8) / $7,220.00(9-12). For which I understand that I am responsible for in full, including any balance not covered by scholarships that are accepted. (Tuition subject to change before 8/1/2020)

I understand that I will be charged $3 for each repeat pace failed by the student. In addition, program fees may apply for additional services I request (i.e. transportation, athletics, summer school, camp). Transportation Fee- VVCA's bus service may be available for an additional fee.Daily round-trip services may be available for pick up, $20 per week, per family and drop off, $20 per week, per family. Please contact the office for more information and availability.

Late Enrollments/Early Withdrawals:
Tuition is prorated to the week for late enrollment. Tuition is due for any week in which the student is enrolled regardless of attendance.

To complete early withdrawal a 30 day written minimum notice is required. Tuition will be prorated for the number of weeks that the student is enrolled regardless of attendance.

All monies received are non-refundable; including payments made in advance of services rendered. All unpaid balances will be enforced through debt collections.

Guardian Signature: _____Date: _____

Guardian Signature: _____Date: _____

Payment Options:
I agree to pay via (select all that apply):

Scholarships:		Direct Pay / Remaining Balances:	
	AAA		1 payment in full by the 30th of August
	HOPE		Monthly Plan – 10 equal payments due on the 15th of each month, August through May. In cases of late enrollment, all payments are allocated over the remaining months of the monthly plan schedule.
	PLSA		
	McKay		
	Step Up – Family Empowerment Scholarship (FES)		
	Step Up – Income Based Scholarship (IBS)		
	VVCA Hardship Scholarship		
	Other:		

For office use only - **Starting Date:** _____ **Administration Signature:** _____
Deposit made: Amount: $_____ /
Paid with: ◯ Cash ◯ Check # _____ ◯ Credit Card

Rev. 1/29/2020