



PAYMENT PLAN AGREEMENT

PLEASE SUBMIT A PAYMENT PLAN AGREEMENT EACH SCHOOL YEAR

Student's name _____

Grade _____

I have chosen the following payment plan:

There will be a \$75 late fee for all payments made after the 5th of the month.

PAYMENT PLANS WILL BE ESTABLISHED FOR ALL CURRENT YEAR CHARGES. PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE MADE UNTIL REGISTRATION IS FULLY COMPLETE. Any charges incurred after this plan is established, including charges for additional activities or services added must be paid separately by the published due date or the date of registration if they occur after the tuition deadline.

NO AMENDMENTS TO THE PLAN WILL BE ACCEPTED.

- I commit to pay Academic School 4 Arts all payments detailed in this payment agreement by the established deadline.
- I understand that the payment agreement can be established for only one year.
- No school services (i.e., transcripts) will be granted if the payment is not received on time.
- No financial aid is applied until all aid has been finalized and all requirements have been met.
- I understand and agree that failure to pay all charges by the due date will leave my account subject to financial penalties, including collection and legal fees.
- I understand and agree that any payments made to the school will be credited first to any delinquent charges.
- I understand and agree that withdrawal from the school does not release me from this payment plan obligation, any financial penalties or other collection costs.
- At **30 days past due**, the late penalty of 15% of the outstanding balance will be assessed. The late penalty indicates that your account is past due. Unless you resolve the debt immediately, the school will advance the matter to the next step in the collection process, and your child may not be allowed to register for next year.
- Once an account is **60 days past due**, repayment arrangements may be made directly with the collection agency, and the account holder bears the costs associated with collection efforts. The cost associated with collection efforts is approximately 33.33% of the outstanding balance, which can add substantial additional charges. We encourage you to make payment in a timely manner and avoid financial penalties.
- The makers and endorsers of this agreement hereby waive protest, presentation, and notice of dishonor and hereby agree to remain bound for the payment of this agreement.

* **Please note: This is a binding contract.**

Printed Name of Parent/Guardian

Signature of Parent/Guardian (required)

Date



ADDITION TO ENROLLMENT CONTRACT

Parents or guardians should sign this Contract in duplicate and return both copies to the Admissions Office. One copy will then be countersigned and returned by this office.

Academic School 4 Arts agrees to enroll, student name _____ for the 2023- 2024 school year, and to provide the program and educational and other services as prescribed for that grade. In consideration of the acceptance of the Enrollment Contract by AS4A the undersigned agrees to pay the required fees as specified in the Enrollment Manual and Procedures:

This contract is an addition to the general contract of the registration, policies, and procedures that the parent has signed for this school year 2023-2024.

I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 1 no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal, or dismissal from the school of the above student.

I understand that in signing this Enrollment Contract for the coming academic year, I agree to accept the rules and regulations of the school as stated in the current catalog and the rule concerning payment of fees as referred to above. Furthermore, I agree with the policy of the school that no transcripts or grades will be released unless an account has been paid in full.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardian in writing, without penalty (except forfeit of the Tuition fees) prior to August 1. If enrollment is canceled after August 1st, parents, or guardian financially responsible for the student are obligated to pay the full annual charges.

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence by this school, its agents, or employees.

The undersigned also agrees to indemnify the school for damages caused by my child. To reserve a place for your child, have both copies of this Enrollment Contract are required.

A deposit must be received by the school no later than August 1st. This contract shall be interpreted in accordance with the laws of the State of Florida.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.
Signature of Parents or Guardians Financially Responsible for Student:

Address _____

Accepted Date: _____ By: _____

Printed Name _____

Signature of Parent Responsible for Payments



TUITION PAYMENT 2023-2024

Tuition for:

Use “Y” for the selected option and “N” for not selected options.

- _____ **Option A:** Yearly 5% discount
 _____ **Option B:** Quarterly 2.5% DISCOUNT
 _____ **Option C:** Ten monthly payments

THESE ARE YEARLY BINDING CONTRACTS.

A credit card or Bank Account ACH Transaction must be on file and will be charged automatically every month.

Tuition is non-refundable and is due for the entire school year even if your child is officially withdrawn from the school before the end of the school year. Prepaid tuition will not be reimbursed.

After and Before School Care

Payments are due on the first of each month. (A daily rate is also available.)

• FEES

Academic School 4 Arts will assess the following charges:

- Late Payment fee- \$75 for payments made after the 5th of each month.
- Returned Check Fee-\$35.00, after two returned checks, we will only accept cash, cashier's check and money order.
- Late Pickup Fee is \$25 per hour after 3:00 PM. Aftercare is available. Register at the front desk.

Additional Registration fees are non-refundable.

- During registration, parents are required to provide the child's Florida Certification of Immunization form and the School Entry Health Exam form, signed, and stamped by your child's doctor. Previous school records, including any evaluations, report cards and discipline records.
- The administration reserves the right not to accept a student after the initial interview.

I certify that I have read and understand the above terms.

Date _____

Printed Name _____

Signature of Parent Responsible for Payment



CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

(As it appears on the card)

Credit Card Billing Address:

Number Street Apt #
City State Zip Code

Telephone: _____

Contact Name: _____

Please be advised that there is
a **4%** credit/debit card fee.

CREDIT CARD INFORMATION

Credit Card Type:

- Visa
- MasterCard
- Discover
- AMEX

Credit Card Number:

Expiration Date: _____

Security Code: _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges.