10595 North Kings Highway | Myrtle Beach SC 29572 | 843-272-8163



STUDENT'S NAME:			GRADE:	DATE OF BIRTH		
RESPONSIBLE PARTY'S NAME			RELATIONSHIP:			
RESPONSIBLE PARTY'S ADDRESS (NOTE: In	DIFFERENT, PL	LEASE PRINT S	TUDENT'S ADDRESS	ON REVERSE SIDE	=):	
CITY:			STATE:	ZIP:		
Home Phone: Cell Phone:		Wo		WORK PHONE:	Vork Phone:	
Non-Refundable Registration /	Technolog	gy Fee for	each studen	t is to be pa	id with enrollment .	
Registration/ Technology Fee		\$150.00				
Kindergarten		\$446.25x 12 months (\$5,355/year)				
Grades 1 – 4		\$472.50 x 12 months (\$5,670/year)				
Grades 5 – 8		\$480.00 x 12 months (\$5,796/year)				
Grades 9-12		\$498.75 x 12 months (\$5,985/year)				
International Students		\$12,000				
After Care Registration		\$60.00 Aftercare Weekly Fee \$75.00/ Daily \$15.00				
Sports Registration Fee		Varies by Sport due with Sport registration form				
After School Care Program for Children K thru Grade 5 only Aftercare fees are due on the first day of the week. Aftercare fees are not included in tuition payments but may be paid using your credit card or an ACH transaction if payment is not made [/We (Parents / Guardians) of agree to pay Risen Christ Christian Academy according to the following payment plan and method, for educational services provided this student during the 2022-2023 school year.						
□ ONE (1) PAYMENT OF \$, PAID A	T ENROLLMENT			
□ Two (2) payments of \$		_ EACH, PA	ID AT ENROLL	MENT AND BEF	FORE 1/3/2023	
□ TEN (10) MONTHLY PAYMENT	S OF \$	E	ACH, AUGUST	THROUGH M	ΑΥ.	
☐ TWELVE (12) MONTHLY PAYMI	ENTS OF \$_		EACH, Au	g through J	ULY.	

The mission of Risen Christ Christian Academy is to Educate our students; Make Disciples for Christ; In a safe, secure environment.

Approved February 8,2022 RCCA Board of Education

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					CHRISTIAN ACADEMY
Payment Met	thod:	*			
understand t	hat late payme	y personal check on or ints or returned paymen o this payment plan cou	nts could	result	in additional fees
Authorize	ed Signature	Authorize	s Signatu	ıre	Date
STUDENT'S NAME:			G	GRADE:	DATE OF BIRTH
RESPONSIBLE PAR	TY'S NAME		R	ELATIONSH	IP:
RESPONSIBLE PAR	TY'S ADDRESS (NOTE: I	F DIFFERENT, PLEASE PRINT STUDENT	S ADDRESS OF	N REVERSE S	SIDE):
CITY:			S	TATE: ZIP:	
Home Phone:		CELL PHONE:	W	VORK PHON	E:
Credit I a following car subject to a	d between the 3.5% fee.	syment(s) chosen above 1 st and 5 th of the month	n. <u>All cre</u>	edit card	
Credit Car	d Transactions Name on Accou	- Please complete the	following		PHONE NUMBER:
					ZIP CODE:
	ACCOUNT NUMBI	=K; 	T		
	EXPIRATION DAT	E:	CVV#	:	
I understand and that fail	that late paym ure to adhere to	ents or returned payment this payment plan cou	ents coul Ild result	d resulin the	t in additional fees student's expulsion.
Authorized S	ignature	- — — — Authorizes Si	gnature	Date	e

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STUDENT'S NAME:			GRADE:	DATE OF BIRTH
	RESPONSIBLE PARTY'S NAME	RELATIONSHIP:		
	RESPONSIBLE PARTY'S ADDRESS (NOTE:	ON REVERSE SIDE):		
	CITY:		STATE:	ZIP:
	Home Phone:	CELL PHONE:	WORK PHONE:	
eve	electronic debit entries to my (our) account INSTITUTION", to debit the same to such I (we) acknowledge that ACH transactions ent of an erroneous or duplicate entry, I here for made. Please Attach Copy of Voided (sen Christ Lutheran Church and School, hereinaft indicated below and Sandhills Bank named below account for the purpose of School tuition I (we) authorize must comply with all applicable by authorize COMPANY to credit my account in the complete service in the complete	ow, hereinafter cal laws, including U ndicated below to	led "FINANCIAL S. law. In the
		Account Number:		
	Type of Account: Checking:			
		Weekly, Monthly, etc.): Start Date (if recurring)	# 0f	Months
		e date of the debit falls on a non-banking day, th ost to your account prior to the authorized date.	e debit may post to	your account on the next
	amount and the date on or a the date varies, the Rules st calendar days in advance of This authorization is to rema	the company must send, based on the Nacha Operater which the transfer will be debited at least terate that the Originator must send the Receiver now of the debit.) So in in full force and effect until COMPANY has a send manner as to afford Company a reasonab	calendar days in tification of new d received written no	advance of the debit. If date at least seven
	Signature	Date		

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Date Enrolled

Financial Obligations Policy

It is the parents / guardians responsibility to ensure payments are made on time. I / We agree and understate that enrollment in Risen Christ Christian Academy is limited to a set number of children, therefore, I / We understand that if payments are not made within 5 days of the due date, I / We forfeit our child's right to continue their education at Risen Christ Christian Academy, therefore if circumstances arise where payment may be deleplease contact the Academy's Administration Office and they will set up a meeting or telephone conversation a representative of the Finance Committee to determine whether a solution for payment can be resolved.	nue ayed
Any payment returned for any reason is subject to a \$35.00 fee.	
Payments not made as scheduled will be charged a daily late fee of \$25.00	
I/ We also understand that should we decide to withdraw our child from RCCA after enrollment or after school year begins, except for a move out of the area of more than 40 miles, I/ We will be financially responsible for the entire year's tuition. If or when RCCA can fill the space, the tuition paid in advance (prorated, if appropriated) will be refunded minus a withdrawal fee of one (1) months tuition.	
I/We understand the finances associated with operating RCCA are paid by Tuition, Fund Raising, and Church member donations plus other contributions. All families are required to volunteer for selected Fund Rai and other school events when they are announced. Tuition alone does not pay for your child's education.	
We have read the above Financial Obligations Statement and agree to adhere to this policy.	
Father / Guardian Date Mother/ Guardian Date	

Grade

Student Name