

Evangel Christian School

1277 JUBILEE DRIVE
SARALAND, AL 36571

PAYMENT AGREEMENT

Student/Account Name: _____

Payee's Name: _____

School Year: _____ Grade: _____

I agree to pay Evangel Christian School the sum of *\$_____ monthly due on the first (1st) of each month. These payments will begin with the month of _____, 20__ and end the month of _____, 20__.

I also agree to pay *\$_____ monthly** or \$_____ per hour** for After School Care. My child will attend _____ (Day(s) of the week.)

I also agree to pay a \$20.00 late fee for any monthly installment not paid by the tenth (10th) of each month.

I agree to pay a \$20.00 fee for any insufficient funds check returned from the bank.

STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS IF THE ACCOUNT IS MORE THAN 30 DAYS IN ARREARS. A STUDENT'S ABSENCE FROM CLASS, PENDING PAYMENT OF ACCOUNT, IS DEEMED UNEXCUSED. SHOULD THIS TIME PERIOD LAST MORE THAN 10 SCHOOL DAYS, THE STUDENT IS WITHDRAWN FROM SCHOOL. ALL ACCOUNTS, AFTER WITHDRAWAL OF STUDENT AND A 30 DAY GRACE PERIOD, ARE SUBJECT TO COLLECTIONS BY WHATEVER MEANS DEEMED NECESSARY BY THE ADMINISTRATION OF EVANGEL CHRISTIAN SCHOOL.

After School Care

I understand there is a \$10.00 PER quarter hour fee for any After School Care pick-ups after 6:00 P.M. with this cost being assessed to my account and payable with my next scheduled tuition/ASC payment.

**Monthly After School Care is due on the first of the month. Hourly After School Care is billed on the first of the month for the previous month and is due upon receipt. There is a \$5.00 late fee for After School Care payments received after the 10th.

* Prices subject to change with a two-week notice.*

SIGNATURE _____

(Person Responsible for Payment of Account)

DATE _____