

THE EPISCOPAL DAY SCHOOL
TUITION PAYMENT PREFERENCE FORM
FOR RETURNING FAMILIES

2009-2010 School Year

PARENTS'/GUARDIANS' NAME(S): _____

PHONE: _____

CHILD(REN)'S NAME(S) AND GRADE LEVEL(S) FOR THE 09-10 YEAR (one form per family):

1) _____ Grade _____ Annual Tuition _____

2) _____ Grade _____ Annual Tuition _____

3) _____ Grade _____ Annual Tuition _____

TOTAL FAMILY ANNUAL TUITION: _____

JUNE 2009 – MAY 2010 MONTHLY TUITION: _____

TUITION FOR THE 2009-2010 SCHOOL YEAR WILL BE PAID BY (choose only one):

_____ **Payment in full – check or money order only, credit cards will not be accepted.** Single payment due on or before August 3, 2009, may be made directly to the school and will entitle you to a 2.5% discount on tuition. Discount will be voided if payment is not received by the deadline date and you will be contacted to make arrangements for monthly payments through FACTS.

_____ **Continue with monthly payments through FACTS.** Payments are budgeted over 12 months, beginning June 2009 and ending May 2010, and will be processed on either the 5th or 20th of each month. The \$38 annual FACTS enrollment fee will be automatically deducted from your account within 10 days from when your re-enrollment is processed.

Parents currently signed up for automatic BANK withdrawals:

EDS will automatically re-enroll you with an updated tuition amount as long as there are no changes in your information, such as bank account number, address, payment date, etc. FACTS will send you a confirmation letter notifying you of your re-enrollment and of an estimated date of when their \$38 enrollment fee will be withdrawn. If you do need to make changes or if you would like to switch from bank withdrawals to credit card charges, please indicate here _____ and you will be contacted.

Parents currently signed up for automatic CREDIT CARD charges:

EDS cannot automatically re-enroll you with an updated tuition amount. Please contact FACTS at 800-233-1096. Our institution ID is 93301. If you would like to switch from credit card charges to automatic bank withdrawals, please indicate here _____ and you will be contacted.

FACTS PEACE OF MIND (POM) BENEFIT:

The POM benefit will pay any FACTS unpaid balance (except payments in arrears) in the event of the death of the Responsible Party (person who signed the original FACTS agreement) or his/her legal spouse. Coverage is only available to individuals under age 70. Coverage does not apply when cancer or complications related to cancer cause death, and the individual has received or been advised to receive medical advice, diagnosis, or treatment for cancer at the time coverage begins. The nonrefundable annual fee for this benefit is \$12 per FACTS agreement, if you elect to enroll, the POM fee will be added to your FACTS enrollment fee. If you signed up for the POM benefit for the 2008-2009 school year, you will be automatically re-enrolled in the POM plan unless you indicate here _____. If you would like to enroll for the first time, please indicate here _____ and provide us with the following information of the person who signed your original FACTS agreement:

Marital Status: _____ Married _____ Single Date of Birth: _____

I agree to make tuition payments for the 2009-2010 school year according to the option I have selected above. I have read the school policy regarding tuition and agree to abide by this policy.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date