



# LIGHTHOUSE CHRISTIAN ACADEMY

## 2018-2019 Tuition Agreement

**Lighthouse Christian Academy** (a Texas nonprofit corporation of Ft. Worth, Texas -hereinafter "LCA"-), is a ministry of Lighthouse Fellowship Church. Our goal is excellence in academics, development of social skills and emotional maturity, while creating the most enjoyable environment possible for every child. Your commitment to our financial policies, and the guidelines set forth in our parent handbook are vital to the success of our school. The primary payer for the program should carefully review the Financial Contract below, initial each section after review, and sign and date the back of this form.

Child's Name \_\_\_\_\_ Primary Payer \_\_\_\_\_

\_\_\_\_ (a) Pay my tuition in full (Must be paid before 1st day) **Payer Initial** \_\_\_\_\_

\_\_\_\_ (b) Make 10 monthly payments September—May (First tuition due at time of registration) **Payer Initial** \_\_\_\_\_

I understand that tuition is the same every month, September—May, regardless of whether my child attends or not. Payment for my child's program is due on or before the 5th of each month and is late thereafter. All parents must be set up on EFT draft for tuition payments. A **\$25.00** late fee will be added for all non-payments. **Payer Initial** \_\_\_\_\_

Monthly Tuition Amount \$ \_\_\_\_\_ **Payer Initial** \_\_\_\_\_

Non-refundable Annual Registration Fee \$ \_\_\_\_\_ **Payer Initial** \_\_\_\_\_

I understand that in the event of an NSF check or EFT return, a **\$25.00** penalty will be added to your account. **Payer Initial** \_\_\_\_\_

Our program is open Monday through Friday from 7:30am to 6:00pm. LCA is only licensed by the Texas Department of Family and Protective services to care for children during these specified times. I understand that if I am late picking up my child, a **\$10.00 late fee will be applied, as well as an additional \$1.00 per each minute after 6:00pm.** **Payer Initial** \_\_\_\_\_

**LCA** chooses not to get involved in custody disputes. A copy of the current court order is required at the time of registration. **LCA** will not designate which party is the primary payer of the program. These arrangements are to be coordinated by the two parents before the start of school. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for payment. **Payer Initial** \_\_\_\_\_

I understand that in the event I choose to end my relationship with **LCA** and withdraw my child, or request a change to my child's schedule, I will submit a 2 weeks notice in writing. **Payer Initial** \_\_\_\_\_

I understand that failure to pay any portion of the remaining balance in full will result in necessary efforts of collection from the responsible party. (Primary Payer) All documents, financial statements, student records and evaluations are to be retained until the balance is paid in full and the contract is fulfilled. If any legal action is necessary to enforce the terms of this contract, the prevailing party shall be entitled to reasonable attorney fees, court costs, and interest, in addition to any other relief to which such party may be entitled. **Payer Initial** \_\_\_\_\_

I understand that my child is not considered 'ENROLLED' until all required forms have been turned in. **Payer Initial** \_\_\_\_\_

I understand that in addition to our registration form and tuition agreement, LCA requires an up-to-date copy of my child's immunizations, as well as a health statement saying that my child is healthy and able to participate in activities with their peers. The health statement must be signed by my child's doctor. **Payer Initial** \_\_\_\_\_

[www.lcafw.org](http://www.lcafw.org)

7200 Robertson Road Fort Worth, TX 76135  
Phone: (817) 237-7641 Fax: (817) 509-0457



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I have received and read the Student Handbook that was provided by LCA. Payer Initial \_\_\_\_\_

I understand that the administrators of LCA and the teachers serving under them shall have full discretion in the administration of appropriate discipline of the student. See LCA handbook for Discipline and Guidance policy. Payer Initial \_\_\_\_\_

Parents or guardians and the enrolled student agree to abide by the terms, provisions, obligations and requirements of the Student Handbook which is available on the LCA website, in the school office, and is provided to the parents at the time of registration. Payer Initial \_\_\_\_\_

It is understood that LCA does not carry school insurance and Parents or Guardians are fully responsible for providing insurance for the student. This includes any and all expenses incurred as a result of an injury, illness or in the need for immediate medical attention. Payer Initial \_\_\_\_\_

*This section is to be filled out ONLY if the Primary Payer of the program is someone other than a parent.*

I understand that LCA recognizes the primary payer as the person who is financially responsible for payment of the program. This individual is the first point of contact in the case of accident, illness, or emergency, UNLESS otherwise specified below.

I hereby authorize \_\_\_\_\_ to be contacted first in the case of accident, illness, or emergency.

This person is \_\_\_\_\_'s, \_\_\_\_\_.  
(Childs Name) (Relationship to child - Mother/Father/Guardian, etc.)

In agreement whereof, the parties hereto have signed this Contract on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parents or Guardians

Lighthouse Christian Academy

Signature - \_\_\_\_\_

By: \_\_\_\_\_

Signature - \_\_\_\_\_

Title: LCA School Administration

### Office Use Only

Childs Name:	Age:	
# of Days Attending:		
Teacher:		2% Paid in Full Discount
Registration Fee:		10% 2nd Child Discount
Annual Tuition:		Staff Discount
Monthly Tuition:		
Will this child utilize our Extended Care Services? (circle all that apply)		Before-Care
		After-Care

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