



**CINCINNATI CHRISTIAN SCHOOLS**  
*Christ-Centered Quality Education*

**TUITION PAYMENT PREFERENCE FORM FOR SCHOOL YEAR 2010-11**

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student (s) Name: \_\_\_\_\_ Grade level 2010-11 \_\_\_\_\_

\_\_\_\_\_ Grade level 2010-11 \_\_\_\_\_

\_\_\_\_\_ Grade level 2010-11 \_\_\_\_\_

**Please check option and dates of your choice.**

\_\_\_\_\_ Option 1: **Semester FACTS Payments:** \_\_\_\_\_ 8/05/10 & 1/05/11 or \_\_\_\_\_ 8/20/10 & 1/20/11\*

\_\_\_\_\_ Option 2: **Monthly FACTS Pmts:** \_\_\_\_\_ 5th of each month or \_\_\_\_\_ 20th of each month starting 6/2010\*

\_\_\_\_\_ Option 3: **Post Dated Check for Annual payment:** dated 8/20/10 (enclose check with application)

\_\_\_\_\_ Option 4: **Post Dated Checks for Semester payments:** dated 8/20/10 & 1/20/11 (enclose checks)

\* If re-enrolled or accepted after 6/1, contact Dennis Eernisse @ 892-8500 before completing Facts Agreement

**AVAILABLE ONLY IF ENROLLING IN FACTS PROGRAM**

**Peace of Mind Tuition Protection Plan (POM)**

FACTS offers an optional Peace of Mind Tuition Protection Plan. For a nonrefundable **annual fee of \$12** per FACTS Agreement, FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payments in arrears) to your school in the event of the death of the responsible party or his/her legal spouse. Coverage begins when the fee for Peace of Mind has been paid to FACTS. **Coverage is only available to individuals under the age of 70.**

**Please indicate below whether or not you wish to enroll in the Peace of Mind Plan. Your Peace of Mind election for the previous school year will remain the same for the current school year, unless you check a box below.**

\_\_\_\_\_ Yes, Please enroll me in POM. I agree to pay a nonrefundable **annual fee of \$12** per FACTS Agreement.  
 If you are enrolling in POM, you must complete the following information as it applies to the responsible Party named above.

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ No, please do not enroll me in POM.

**If you are re-enrolling in FACTS, you do not have to complete a new FACTS Agreement. If your bank information has changed from last year's FACTS Agreement, please send a voided check with this form. Any changes to your FACTS Agreement must be called in to Cincinnati Christian School five (5) Business Days before your payment date. The missed payment fee charged by FACTS is \$25.**

For the **2010-11** school year, I will pay my student's tuition from my Savings or Checking Account by the payment option checked above. If not previously enrolled with FACTS, I will complete a FACTS Tuition Agreement Form. **If payment by check(s), I have attached post dated check(s).**

Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

