



Families of Faith Christian Academy Christian Educational Covenant 2023-24

FOFCA is excited to be able to participate in a program that will allow you an opportunity to secure placement in an innovative and dynamic Christian education program right here in the heart of the Channahon area!

Upon execution of this agreement and tuition paid in full each participating year, FOFCA agrees to the following:

- Guaranteed placement for every consecutive year attending FOFCA.
- Tuition guaranteed for **PreK (all day) - 12th grade** at the rate of the present year's tuition for the grade the student will be entering (Grade school, Junior High, High School). If the student is 0yrs-preschool, they will lock in at the elementary price.

Upon execution of this agreement and payment in full each participating year, the CEC Member Family agrees to the following:

- Pay the ONE-TIME charter fee of \$2000 per student.
- Be faithful to pay the student's yearly tuition on time & in full by the end of each school year.
- Re-enroll during re-enrollment week (approximately Feb each year).
- **If the account becomes defaulted according to FACTS payment history or if the student leaves, transfers or is dismissed from Families of Faith Christian Academy, the CEC membership will be revoked, and no refunds will be given.**

This CEC membership is a privilege and is non-transferable. This CEC membership has no monetary value. There will be no refunds given for cancellation.

Please retain this form for tax purposes- Tax ID 32-0095007

PLEASE RETURN THIS SIGNED WITH YOUR PAYMENT:

24466 W Eames St, Channahon, IL | Ph: 815-521-1381 | Fax: 815-467-4476

We desire for our family to be CEC Members.

Parent's/Guardian's signature

Date

Parent's/Guardian's phone number

E-mail

Student Name

23-24 Grade

Student Name

23-24 Grade

Student Name

23-24 Grade

Student Name

23-24 Grade

FOR OFFICE USE: PAID BY Check ____ Number _____ Credit Card ____ Zelle _____
AMOUNT _____ RECEIVED BY _____

FOR OFFICE USE: PAID BY Check ____ Number _____ Credit Card _____ Zelle _____
AMOUNT _____ RECEIVED BY _____