

**AUTAUGA ACADEMY**  
**2020-2021 SCHEDULE OF TUITION AND FEES**

**TUITION**

Mom's Day Out (10 mo payment schedule)

2 day	\$147
3 day	\$210
5 day	\$336

3 year old class/4 year old class (10 mo payment schedule)

2 day	\$150
3 day	\$225
5 day	\$375

Kindergarten through 12<sup>th</sup> grade (12 mo payment schedule)

1 child	\$4,980	\$415/mo
2 children	\$9,765	\$813.75/mo
3 children	\$14,340	\$1,195/mo
4 children	\$18,720	\$1,560/mo

**FEES**

*Fees apply to K-12, unless noted otherwise.*

MDO, Pre-K Registration Fee	\$30 per child
Application for Enrollment Fee (non-refundable)	\$120 for the first child and \$50 for each additional child

Textbook Fees

K5	\$35
1 <sup>st</sup> -3 <sup>rd</sup>	\$57
4 <sup>th</sup> -6 <sup>th</sup>	\$67
7 <sup>th</sup> -12 <sup>th</sup>	\$100

*All fees listed below may be paid at once or added to monthly tuition.*

Annual Fee	\$1200
Academic/Activity Fee	
K5-6 <sup>th</sup>	\$50
7 <sup>th</sup> -12 <sup>th</sup>	\$200

**TUITION AND FEE PAYMENT OPTIONS**

Autauga Academy has partnered with FACTS Student Information System (SIS) for collection of tuition, fees, and other incidentals. Payment plan is selected during the online enrollment process. Payment options include the following: Annual, semester and monthly payments. Payment is selected during the online enrollment process. Payments not made in full are paid by automatic draft with flexible draft dates. *Discount is available for tuition paid in full.*

- All fees, except for the registration fee and book fees, can be paid on the same payment schedule as tuition payments.
- Classes, clubs, electives and athletics may require additional fees and/or dues and who will be billed through your FACTS account as an "Incidental" charge.
- Onsite Extended care is available for children in the 3 year old class-6<sup>th</sup> grade from 3:00-6:00. An application is required.
  - 1 child \$160.00/mo \$45.00/week \$10.00/drop in
  - 2+ \$145.00/mo \$45.00/week \$10.00/drop in
- All other incidental fees and charges will be billed and paid through the FACTS account. This includes after school care, cafeteria, field trips, etc.

For questions regarding the billing process, contact Renee DeRamus at [rderamus@autaugaacademy.com](mailto:rderamus@autaugaacademy.com) or call 334-365-4343.

A convenience charge of 3% will be charged on credit/debit card transactions.

**CAFETERIA**

- Elementary lunch served daily.
- High school breakfast and lunch served daily.
- A regular meal costs \$4.25.
- Additional items are available for purchase.

Autauga Academy  
**2020/2021 Registration Contract**

**Student Information**

Name \_\_\_\_\_ Grade Going In To \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Cell # \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Grade Going In To \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Cell # \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Grade Going In To \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Cell # \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Grade Going In To \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Cell # \_\_\_\_\_ email \_\_\_\_\_

**Family Information**

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Address (If different) \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Marital Status: Married Single Divorced Separated Widowed

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Address (If different) \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Marital Status: Married Single Divorced Separated Widowed

If there is a separation or divorce, which is their primary address? \_\_\_\_\_

Does a custody order exist? \_\_\_\_\_ If YES, a copy must be attached .

The following people have permission to check out/pick up student(s) from school:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has student ever been retained in a grade? \_\_\_\_\_ Please explain \_\_\_\_\_

Does student have any learning disabilities? \_\_\_\_\_ Been tested for learning disabilities? \_\_\_\_\_

Has student ever been in any special education classes? \_\_\_\_\_

Is there any pending disciplinary action against student from any previous school system? \_\_\_\_\_ Explain \_\_\_\_\_

Has student ever been detained, arrested, expelled or suspended from school or attended alternative school? \_\_\_\_\_  
Please explain \_\_\_\_\_

Has students ever been treated for alcohol or substance abuse? \_\_\_\_\_ Explain \_\_\_\_\_

### Emergency Authorization

Does student have any medical condition the school needs to be aware of? \_\_\_\_\_

I give permission for Autauga Academy to obtain emergency medication treatment, including emergency transportation for my child(ren) if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Corporal Punishment

I do \_\_\_\_\_ I do not \_\_\_\_\_ allow corporal punishment to be administered if the offense so merits.

### Consent for Obtaining Records

I hereby give my consent to the administration of Autauga Academy to notify my child's former school in order to receive records and transcripts.

Previous School Attended: \_\_\_\_\_

Each School Family is responsible for completing 20 hours of community service for Autauga Academy's 2020/2021 school year. If you do not complete and report your service hours by the end of April 2021, you will be charged \$20 for each uncompleted hour.

I agree to abide by the Autauga Academy Handbook and Board Policies and accept full responsibility for the conduct of my child(ren) while attending the Academy. I will familiarize myself with the Parent/Student Handbook on the schools website, and will comply with the policies and procedures. I grant permission for my child(ren) to participate in the official on and off campus educational and athletic programs. I completely absolve Autauga Academy from any liability resulting from injury while my child(ren) participates in the school approved activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTAUGA ACADEMY**

**2020-2021 Tuition & Fees Contract**

**Please complete and return this form to the Business Office no later than April 30, 2020.**

**Student Name(s) and Grade(s)(please print):**

1) \_\_\_\_\_ Gr \_\_\_\_\_ 3) \_\_\_\_\_ Gr \_\_\_\_\_

2) \_\_\_\_\_ Gr \_\_\_\_\_ 4) \_\_\_\_\_ Gr \_\_\_\_\_

**Person(s) responsible for payment(please print):** \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Address (If different) \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Address (If different) \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_

**AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State.**

**You agree, in order for us to service your account or to collect monies you may owe, Autauga Academy and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.**

**1/We have read this disclosure and agree that Autauga Academy, its employees and/or agents may contact me/us as described above.**

\_\_\_\_\_  
Responsible Party Signature Date

\_\_\_\_\_  
Responsible Party Signature Date

**PAYMENT DATE**

**Please select your payment date(see Draft Authorization Form for more information):**

\_\_\_\_\_5<sup>th</sup> of the month                      \_\_\_\_\_15<sup>th</sup> of the month

**Tuition & Annual Student Fees Payment Options**

\_\_\_ Lump Sum Payment - \$100.00 per student discount if tuition and all fees are paid on or before June 12, 2020.

\_\_\_ Semi-Annual Payment -- first payment due no later than June 12, 2020 and second payment is due no later than December 11, 2020.

\_\_\_ Quarterly Payment -- first payment due no later than June 12, 2020, second payment due no later than September 11, 2020, third payment is due no later than December 11, 2020 and final payment due April 16, 2021.

\_\_\_ 12 Monthly Payments -- first payment is in June last payment is in May.

**Other Payment Terms**

**Please READ and INITIAL each item below:**

\_\_\_ The payment plan that you select may not be changed after this contract is signed and turned in to the Business Office. However you may pay more than owed at any time.

\_\_\_ Regardless of the payment plan selected, outstanding charges, including cafeteria charges, field trips, lab fees, computer fees, extended care fees, Resource Center fees, Spirit Packs, Drawdown Ticket, etc. will be drafted each month (if need be), June 2018-June 2019, from my bank account per my Draft Authorization Form.

\_\_\_ There will be a \$50.00 fee assessed for any payment that is returned for any reason.

\_\_\_ The family account MUST be current at the end of first semester in order for the student(s) to return for second semester.

\_\_\_ In case of early withdrawal during or before the first semester, all annual student fees and one semester of tuition must be paid in full. In case of early withdrawal after first semester, tuition will be prorated based on the number of days the student was enrolled, and all annual student fees must be paid in full.

\_\_\_ Autauga Academy will NOT release transcripts, grades, standard tests, or reports cards until the account is paid in full.

**I have carefully read this payment contract, and I agree to abide by the terms of the payment option that I have chosen.**

Signature of person responsible for payment \_\_\_\_\_

Date \_\_\_\_\_

**AUTAUGA ACADEMY**  
**DRAFT AUTHORIZATION FORM**

**Please complete and return this form, along with your Tuition & Fees Contract, to the Business Office no later than April 30, 2020.**

Student Nam(s) & Grade(s)(please print) \_\_\_\_\_

**Please select:**

\_\_\_\_\_ I authorize Autauga Academy (FACTS) to continue using the banking/credit card information currently on file. Payments will be processed per my signed 2020-2021 Tuition & Fees Contract.

\_\_\_\_\_ I am providing updated banking/credit card information below for processing payments per my signed 2020-2021 Tuition & Fees Contract.

Name of Customer per bank records (please print) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**\*\*\*\*PLEASE PROVIDE A VOIDED CHECK OR COPY OF CHECK\*\*\*\***

**\*\*\*There is a fee charged by FACTS for using a credit card\*\*\***

Name on credit Card \_\_\_\_\_

Please circle type:      Visa                  MasterCard                  American Express                  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_

Billing Address \_\_\_\_\_

I give authority to the above bank/credit card company to honor preauthorized drafts drawn by Autauga Academy (FACTS) on my account for the agreed payments in accordance with my 2020-2021 Tuition & Fees Contract. It is understood that FACTS is drafting my account/credit card on behalf of Autauga Academy as a payment comes due.

FACTS will draft the monthly tuition, fees and other charges pursuant to my Tuition & Fees Contract on the behalf of Autauga Academy. If the payment date is a weekend day or holiday, the draft will occur the following business day.

I understand that if I wish to terminate this agreement, I will give Autauga Academy a 30 day written notice.

Signature of Bank Depositor (as shown on bank records) \_\_\_\_\_

Date \_\_\_\_\_

G. Child's preadmission record

DHR-CDC-739

## CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ( )	Employer's telephone number: ( )
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )
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**Emergency Authorization:**

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

\_\_\_\_\_ / \_\_\_\_\_  
Signature Date

**Form not valid without signature of child's parent/guardian**  
*Page one of two-form not valid without second page*

Describe any special needs or instructions below:


Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

***I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.***

\_\_\_\_\_  
Signature of parent/guardian                      Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

**Form not valid without signature of child's parent/guardian in each space indicated above.**

\_\_\_\_\_  
This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

*Additional information may be attached.*



# AUTAUGA ACADEMY EXTENDED CARE 2020 - 2021

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home # \_\_\_\_\_  
 Dad's Name \_\_\_\_\_ cell \_\_\_\_\_ wk \_\_\_\_\_  
 Mom's Name \_\_\_\_\_ cell \_\_\_\_\_ wk \_\_\_\_\_  
 Emergency (other than parent) Name \_\_\_\_\_ # \_\_\_\_\_

**The following persons have permission to pick up my child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information:**

Allergies \_\_\_\_\_  
 List all known medical conditions \_\_\_\_\_

In case of emergency, do we have permission to seek medical treatment from the nearest doctor or hospital? YES \_\_\_\_\_ NO \_\_\_\_\_

In case of fever, do we have permission to administer Tylenol to your child?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**HOURS:** AFTERNOON (K3-K5 & 1<sup>st</sup>-6<sup>th</sup> grades) 3:00 pm until 6:00 pm

**Please choose one of the following:**

<b>FEES:</b>	<input type="checkbox"/> MONTHLY RATE	<input type="checkbox"/> WEEKLY RATE	<input type="checkbox"/> DAILY RATE	<input type="checkbox"/> In Case of
1 child	\$160.00	\$45.00	\$10.00	Emergency
2 +	\$ 145.00	\$45.00	\$10.00	Only

**IF YOUR CHILD IS NOT PICKED UP BY 6:00 pm THERE WILL BE A CHARGE OF \$10.00  
FOR EVERY 10 MINUTES AFTER 6:00 pm.**

I accept full responsibility for the conduct of my child during extended care hours and understand that any problems with conduct may result in the loss of extended care privileges.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_