



# Kindergarten-12th grade ENROLLMENT CHECKLIST 2019-2020

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

**RETURN THIS CHECKLIST ON TOP OF YOUR ENROLLMENT PACKET**

**REGISTRATION FEE MUST BE RECEIVED ALONG WITH YOUR PACKET IN ORDER  
FOR YOUR CHILD TO BE REGISTERED**

- \_\_\_\_\_ **Student Application**
- \_\_\_\_\_ **Copy of Report Cards and Standardized test scores for current and previous school year**
- \_\_\_\_\_ **Confidential Teacher Recommendations** (if applicable)
- \_\_\_\_\_ **Leap and Grow Registration Form** (if before or after care is needed)
- \_\_\_\_\_ **Statement of Financial Commitment**
- \_\_\_\_\_ **Registration Fee**
- \_\_\_\_\_ **Tuition Payment Preference Form** (signed by party responsible for paying all PCA costs)
- \_\_\_\_\_ **State of Kentucky Certificate of Immunization**
- \_\_\_\_\_ **Birth Certificate**
- \_\_\_\_\_ **Dental Screening-NEW Students and Kindergarten only** (proof of screening or exam documented on the KY Dental Screening Form)
- \_\_\_\_\_ **Eye Exam Record** (proof of an initial eye exam documented on the KY School Eye Exam Form)
- \_\_\_\_\_ **Health Exam** (conducted within 1 year before initial entry into PCA and another within 1 year before entry into 6th grade)

#### **Nondiscrimination Policy**

Providence Christian Academy adheres to a longstanding policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. PCA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, athletic programs, or any other school-administered programs.



**SPECIAL NEEDS/BEHAVIOR/TESTING INFORMATION**

Has the applicant ever been recommended for any accelerated programs?  No  Yes

If yes, in what subject areas? \_\_\_\_\_

Has the applicant ever been suspected of having a learning disability or attention challenges?  No  Yes

Please explain: \_\_\_\_\_

Has the applicant ever been diagnosed with a learning disability or attention challenges?  No  Yes

Please explain: \_\_\_\_\_

Has the applicant ever had an IEP, 504 plan (including speech/language) or Instructional Support Plan?  No  Yes

Explain: \_\_\_\_\_

Has the applicant ever required academic accommodations?  No  Yes

If yes, in what areas? \_\_\_\_\_

Has medication ever been recommended or prescribed for emotional, learning, or attention challenges?  No  Yes

If yes, please list: \_\_\_\_\_

List below the name(s) of any private practice counselor, agency based professional, psychiatrist, or clinical psychologist applicant has seen. \_\_\_\_\_

Has the applicant ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring, or therapy?)  No  Yes

If yes, please list school or program: \_\_\_\_\_

Has the applicant repeated any grades?  No  Yes If yes, in what grade level(s) \_\_\_\_\_

Reason: \_\_\_\_\_

Has the applicant ever been suspended or expelled from school?  No  Yes

If yes, please explain: \_\_\_\_\_

Does the applicant need accommodations and /or assistance with social behaviors?  No  Yes

If yes, in what areas? \_\_\_\_\_

Is there any additional information that you would like for the Admissions Committee to be aware of when considering your child for enrollment? \_\_\_\_\_

\_\_\_\_\_





STATEMENTS OF AGREEMENT AND FINANCIAL COMMITMENT 2019-2020

Please list all students in your family enrolled at PCA, including Early Education and K-12th grade

STUDENT \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_
STUDENT \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_
STUDENT \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_
STUDENT \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

By signing the Statement of Agreement and Financial Commitment, I (We) agree to the following:

- A. Student Placement: I request that the school reserve a seat for my student for the 2019-2020 school year...
B. Effective Date of Contract: This contract shall be effective only upon my signature...
C. Tuition and Fees/Financial Policy: Tuition and fees will be charged according to the Schedule of Tuition and Fees...
D. Tuition Assistance: Any tuition assistance given will be applied to my account on a monthly basis...
E. Rules and Regulations: I agree to comply with the rules and regulations adopted by the school's administration...
F. Permission for Student's Participation in Activities: I agree that my student may take part in any in school sponsored activity...
G. Virtual Permission: Students enrolled in Providence Christian Academy may have their likeness and/or their school work appear in several publications...
H. Permission for Transportation and Medical Care: I agree the school has my permission at any time to allow faculty, staff members, or other persons authorized by the school...
I. I agree to comply with and be bound by all written policies and procedures of Providence Christian Academy...

J. **K-12 ONLY:** I agree to meet the 20 hour service requirements of PCA's Parents in Partnership Program. \_\_\_\_\_ (initial)

K. I understand and agree that my child will be taught according to the PCA Statement of Faith:

- ◇ We believe the Bible to be the inspired, infallible, authoritative, inerrant Word of God.
- ◇ We believe that there is one God, eternally existent in three persons—Father, Son and Holy Spirit.
- ◇ We believe in Jesus Christ as fully divine and fully human. We believe in His virgin birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
- ◇ We believe that the atoning sacrifice of Jesus Christ makes salvation possible for all persons. It is by grace through faith that humanity becomes regenerated, justified, sanctified, and glorified in Jesus Christ. By accepting Him as Lord and Savior, one is born again by the Holy Spirit and becomes a child of God.
- ◇ We believe in the resurrection of both the saved and the lost; persons saved by grace through faith are resurrected to eternal life, while those who reject salvation by grace through faith are resurrected to eternal misery and separation from God.
- ◇ We believe in the spiritual unity of believers in our Lord Jesus Christ. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. \_\_\_\_\_ (initial)

The person responsible for payment of tuition:

\_\_\_\_\_

Name

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Work Cell

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

Number Street City State Zip

Email address(es) to receive PCA Statements: \_\_\_\_\_

**WITHDRAWAL PROCEDURES**

- 1) A PCA Withdrawal Request form must be completed, signed and submitted to the office.
- 2) If an elementary/middle school student wishes to withdraw from enrollment before the school year begins, the school must be notified in writing before July 15<sup>th</sup>.
- 3) If the student is withdrawn between July 15<sup>th</sup> and the first day of school, there is a fee of \$350.
- 4) If the student withdraws on or after the first day of school, the full tuition for the fall semester must be paid. \_\_\_\_\_ (initial)
- 5) If an elementary/middle school student withdraws from enrollment on or after the first day of school following the Christmas break, the full tuition for the spring semester must be paid. \_\_\_\_\_ (initial)
- 6) Early Education tuition is due for the entire month in which the student is withdrawn.
- 7) No cumulative records will be forwarded until the Withdrawal Request has been accepted by the administration and all other financial obligations according to the school's policies have been satisfied. \_\_\_\_\_ (initial)
- 8) These guidelines may be waived in extenuating circumstances with the approval of the school board.

\_\_\_\_\_  
Signature of Father/Guardian Date Signature of Mother/Guardian Date

\_\_\_\_\_  
Signature of person responsible for tuition if other than above Date

Please complete ONE form for each family enrolling in K-12th grade and return to the office .



# Kindergarten-12th grade Tuition Payment Preference Form 2019-2020

<b>NAME OF STUDENT(s)</b> (list oldest student first)	
1. _____	GRADE ENTERING _____
2. _____	GRADE ENTERING _____
3. _____	GRADE ENTERING _____

**A. ANNUAL PAYMENT PLAN:** Pay full tuition in advance by August 1, 2019 and receive a 2% discount.

**B. SEMESTER PAYMENT PLAN:** First semester tuition paid by August 1, 2019, will receive a 1% discount. Second semester tuition paid by January 1, 2020, will also receive a 1% discount.

**C. 10 MONTH PAYMENT PLAN:** Tuition may be paid in ten (10) equal monthly payments. The first payment is due August 1, 2019, with the final payment due May 1, 2020. *Payments not received by the 15<sup>th</sup> of each month, or the first business day thereafter, will be charged a \$30 late fee.*

**D. 12 MONTH PAYMENT PLAN:** Tuition may be paid in twelve (12) equal monthly payments. The first payment is due June 1, 2019, with the final payment due May 1, 2020. *Payments not received by the 15<sup>th</sup> of each month, or the first business day thereafter, will be charged a \$30 late fee.*

\* IF NO RESPONSE IS RECEIVED, THE 10 MONTH PLAN WILL BE APPLIED.\*

*\* PLEASE NOTE: IF A STUDENT HAS BEEN ACCEPTED TO PCA BUT IS THEN WITHDRAWN AFTER JULY 15th. A \$350 FEE WILL BE APPLIED.*

- PCA accepts cash and checks, as well as payments made through your on-line banking program. You may also use RenWeb to make credit card or e-check payments, or enroll in our program for automatic deductions from your checking account.
- A \$30 fee will be charged for checks returned for insufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's check, money order, cash or certified check) will be accepted for payment.
- At anytime during the school year, report cards and/or school records may be held until all outstanding and miscellaneous fees (lunch charges, Leap and Grow, etc.) have been paid.

\* For the school year 2019-2020, I agree to pay all tuition and fees according to one of the options above.



Signature of  
Responsible Party Agreeing to Payment Plan:

\_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student: Parent Grandparent Guardian (please circle one)

E-mail address for financial statements: \_\_\_\_\_@\_\_\_\_\_

OFFICE USE ONLY
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## **SIGNATURE ACKNOWLEDGMENT**

I, \_\_\_\_\_

have read the Parent/Student Handbook and am in agreement with the educational philosophy of PCA, the Admissions Policy and with the Statement of Faith. I am also aware of and in agreement with the polices concerning student debt, the guidelines of conduct, grading procedures, Parents in Partnership, dress code and attendance set forth, and understand the consequences for non-compliance. I further understand that addendums to the Handbook may occur from time to time and agree to abide by any changes the school decides are necessary, which will be provided in writing.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

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Middle School/High School Student Signature

Date





# LEAP AND GROW REGISTRATION 2019 - 2020

Child's Name \_\_\_\_\_

Age/Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please select from the services below by placing a check mark in the appropriate box.

**LEAP AND GROW REGISTRATION AND MATERIAL FEES \$50**

**TIMES**

**PRICE PER DAY**

**DAYS NEEDED**

6:00 - 7:00 AM

Registered \$3.25 Drop In  
Combined  
with session below

M T W Th F  
[ ] [ ] [ ] [ ] [ ]

7:00 - 8:30 AM

\$4.25 \$25.00

M T W Th F  
[ ] [ ] [ ] [ ] [ ]

1:00 - 3:30 PM

\$10.50 \$25.00

M T W Th F  
[ ] [ ] [ ] [ ] [ ]

3:30 - 6:00 PM

\$8.50 \$25.00

M T W Th F  
[ ] [ ] [ ] [ ] [ ]

All 2 yr olds are required to take a 2 hr nap. Children 3 yrs old and up may either rest for 30 min or take a 2 hr nap.

**FULL CARE EARLY EDUCATION (USE FOR STUDENTS IN HALF DAY PROGRAMS)**

6:00 - 8:30 AM / 1:00 - 6:00 PM

\$102 / WEEK

OFFICE USE ONLY:

AMOUNT: \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

CASH \$ \_\_\_\_\_

**FULL CARE ELEMENTARY / MIDDLE / HIGH SCHOOL AND FULL DAY EARLY EDUCATION STUDENTS**

6:00 - 8:30AM / 3:30 - 6:00 PM

\$62 / WEEK

PLEASE READ THE INFORMATION BELOW

All drop-ins must give 24 hour notice. This will ensure that there is room for your child on the day needed for Leap & Grow. Drop-ins will not be billed. Payment is required when drop-in services are rendered. L&G charges are included on the monthly tuition invoices and are due the first of the month. Parents are billed for the days selected on this registration form unless a L&G Change form has been submitted. Random changes in schedules are not cause for reimbursements, unless alternate plans are arranged in advance by the Early Education Director with a written request by the parent.

YES! I WANT TO REGISTER MY CHILD FOR THE ABOVE EXTRA SERVICES. I AGREE TO BE A FINANCIAL PARTNER WITH PROVIDENCE CHRISTIAN ACADEMY AND WILL PROVIDE COMPENSATION FOR THESE SERVICES AS AGREED IN THE PCA HANDBOOK. I HAVE READ AND UNDERSTAND THE SCHEDULING INFORMATION IN THE PARAGRAPH ABOVE.

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

Parent e-mail: \_\_\_\_\_

Revised 01/31/19 JV KG

**CONFIDENTIAL** **K-3<sup>rd</sup>**  
Teacher Recommendation Form for Grades

Please fill in the top section of this form and give it to your child's current teacher. When completed, the teacher will return the recommendation to Providence Christian Academy.

Student's Name \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Parent Name \_\_\_\_\_

Family Address \_\_\_\_\_

**Teacher:** The above named student has applied for admission to Providence Christian Academy. Please complete this form and return it to: PCA, 172 Southgate Drive, Georgetown, KY 40324 or fax: 502-370-4766. Thank you for your assistance.

Please respond to the following categories as they relate to the student. Please complete the evaluation relative to students of the same age.

Social and Emotional Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations	Comments
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engages with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows ability to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses material purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separates from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepts limits/routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Resolves conflicts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tolerates frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pre-Academic Skill Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations	Comments
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands sequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Remembers information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Makes transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys listening to stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributes appropriately to a discussion group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**CONFIDENTIAL**  
Teacher Recommendation Form for Grades **K-3<sup>rd</sup>**

Physical Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations	Comments
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gross motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on student's general health/attendance \_\_\_\_\_

Please briefly describe the emphasis of your school's program \_\_\_\_\_

How many days per week does this student attend your program? \_\_\_\_\_ Hours? \_\_\_\_\_

Please comment on each of the following regarding this student:

- Favorite activities: \_\_\_\_\_
- What adjectives come to mind when you think of this student? \_\_\_\_\_
- Has the student been suspended or expelled from your school?  No  Yes
- What do you feel is the greatest strength of this student? \_\_\_\_\_
- What do you feel is the greatest weakness of this student? \_\_\_\_\_
- Parent cooperation, involvement and relationship with student: \_\_\_\_\_
- To your knowledge, is the parent's perception of this student compatible with the school's understanding of the student? \_\_\_\_\_
- Please check here if you wish to discuss this candidate by telephone  Phone number and best time to call: \_\_\_\_\_

Would you recommend this student for admission to Providence Christian Academy?

Strongly Recommend  Recommend  Recommend with reservation  Do not recommend for admission

Teacher's name \_\_\_\_\_ Position \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

Please use the bottom of this form for any additional comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CONFIDENTIAL** 4<sup>th</sup> - 12<sup>th</sup>  
Teacher Recommendation Form for Grades

Please comment on student's general health/attendance \_\_\_\_\_

Please briefly describe the emphasis of your school's program \_\_\_\_\_

How many days per week does this student attend your program? \_\_\_\_\_ Hours? \_\_\_\_\_

Please comment on each of the following regarding this student:

1. Favorite activities: \_\_\_\_\_
2. What adjectives come to mind when you think of this student? \_\_\_\_\_
3. Has the student been suspended or expelled from your school?  No  Yes
4. What do you feel is the greatest strength of this student? \_\_\_\_\_
5. What do you feel is the greatest weakness of this student? \_\_\_\_\_
6. Parent cooperation, involvement and relationship with student: \_\_\_\_\_
7. To your knowledge, is the parent's perception of this student compatible with the school's understanding of the student? \_\_\_\_\_
8. Please check here if you wish to discuss this candidate by telephone.  Telephone # and best time to call: \_\_\_\_\_

Would you recommend this student for admission to Providence Christian Academy?

Strongly Recommend  Recommend  Recommend with reservation  Do not recommend for admission

Teacher's name \_\_\_\_\_ Position \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

Please use the bottom of this form for any additional comments.

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# PROVIDENCE

CHRISTIAN ACADEMY

## Kindergarten-12th grade Financial Policy 2019-2020

PLEASE KEEP FOR YOUR RECORDS

- A Tuition Payment Preference Form will be signed by each school family prior to enrollment. This agreement outlines the family's payment schedule and is an acknowledgement of their understanding of their financial responsibility.
- The responsible party agreeing to the payment plan must contact the Business Manager if financial problems arise.
- PCA reserves the right to suspend educational services, the administering of exams, and the issuing of grades if an account is delinquent. A late fee of \$30 per month may be assessed to delinquent accounts.
- No student will be allowed to re-enroll at PCA until ALL previous accounts are paid in full.

### REGISTRATION

- Students re-enrolling in PCA during the month of February before 6pm, Friday, February 22nd, 2019, will be registered at a rate of \$100 per student, with a \$200 per family maximum.
- Students re-enrolling or enrolling beginning on February 23rd, 2019, will be registered at a rate of \$150 per student, with a \$300 family maximum.
- Registration fees are non-refundable unless a spot is not available.

### TUITION SCHEDULE 2019-2020

Tuition Assistance—Awards are based on the family's demonstrated need as determined by specific financial information required on the application. Awards are made for one year only, based on the availability of tuition assistance funds. Current families will be given priority consideration in the aid allocation process.

Prepayment Discounts—A 2% discount will be applied to the total tuition amount if the full year is paid on or before August 1, 2019. Semi-annual/Semester Payments: First semester tuition paid by August 1, 2019 will receive a 1% discount. Second semester tuition paid in advance by January 1<sup>st</sup> will also receive a 1% discount.

Sibling Discounts—Families with multiple children enrolled at PCA, with at least one child in grades K-12, are eligible for discounted tuition. The discounts are as follows: First (oldest) child 0% discount, second (oldest) child 20% discount, third and subsequent children 30% discount per child. If the second child is in preschool, the discount is 10% and the third and subsequent child in preschool is 15%.

Pastoral Discounts—A 20% Pastoral Discount is available to any full-time, paid, pastoral staff as verified by the individual church and approved by the PCA Board.

PROGRAM	GRADE	ANNUAL TUITION
<b><u>K-12th</u></b>  <b><u>Grades</u></b>  (all fees are included)	K-5th	\$5,725
	6th-8th	\$5,880
	9th-12th	\$6,090
<b><u>Leap and Grow</u></b> (before and after school care)	Available for all grades	<b>\$50 one time registration fee</b> See Leap and Grow registration form for more information.



## Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com>

### FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

### Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://online.factsmgt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

### FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://online.factsmgt.com). Customer Care Representatives are also available to assist you 24/7.**

[Online.FACTSmgt.com](https://online.factsmgt.com)



# PROVIDENCE

## CHRISTIAN ACADEMY

### 2019-2020 CALENDAR

August 21	First Day of School
September 2	Labor Day (No School)
October 7-11	Fall Break (No School)
October 18	Faculty/Staff in Service Day
November 27 - 29	Thanksgiving Holiday (No School)
December 23 – January 3	Christmas Holiday (No School)
January 20	M. L. King, Jr. Holiday (No School)
February 14	Faculty/Staff in Service Day
February 17	President's Day (No School)
March 30-April 3	Spring Break (No School)
April 10	Good Friday (No School)
May 25	Memorial Day (No School)
May 28	Last Day of School for Students