

CHRISTIAN ACADEMY of ARTS, SCIENCE and TECHNOLOGY (CAAST)
P.O. Box 373, Rockville, CT 06066 or 392 Mile Hill Road, Tolland, CT 06084
Telephone (860) 299-5040 www.caast-school.org
FINANCIAL INTENT FORM

I, _____, the parent of student _____, have decided to pay to CAAST the amounts as selected below. I understand that this form will bind me to a contract with CAAST, as I agree to pay as outlined.

Discounts apply for siblings.

This student is a sibling of _____, discount by 10% and _____, discount by 15% and _____, discount by 20%.

\$500 registration fee required for all plans. This may be waived if parent(s) agree(s) to actively participate in everyday school life (Life Skills, Field Trips, Lunch time help or Class time help, PSN President, Fundraiser Leader).

Fund-raising is required by student/parent.
GRADES 5 to 8.

\$2000 paid in 10 monthly payments = \$200 per month
 or
 one payment, \$1,800 due on/before first day of school
 or
 2 payments, \$950 on/before first day of each semester
 or
 \$490 every other month (Sept., Nov., Mar., May)
 or
 \$55 per week (every Monday)
 or
 \$4,000 for the year. I choose NOT to fundraise.
I will pay \$400 per month for 10 months.

Fund-raising is required by student/parent.
GRADES 9 to 12.

\$3000 paid in 10 monthly payments = \$300 per month
 or
 one payment, \$2,500 due on/before first day of school
 or
 2 payments, \$1,260 on/before first day of each semester
 or
 \$650 every other month (Sept., Nov., Mar., May)
 or
 \$80 per week (every Monday)
 or
 \$7,000 for the year. I choose NOT to fundraise.
I will pay \$700 per month for 10 months.

By signing below, I have agreed to the selection made above. Payments may be made using cash, money order, cashier's check, or personal check. I understand that any returned check will incur a charge of \$50 to me, plus the amount due. I understand that payments 20 or more days overdue will cause the student's account to be delinquent. I understand that if the fund-raising option is chosen and student does not participate, \$200 per month (grade 7 and 8) or \$400 per month (grades 9 to 12) will be added to school bill.

I understand that I can meet with the School Treasurer to discuss the student's account as needed.

Student records will **not** be released for delinquent accounts.

Parent Signature: _____ Date: _____