



**2013 – 2014 EAGLES' NEST  
FINANCIAL AGREEMENT FORM**

Please check the appropriate boxes, sign and return to the school office.

**AFTER SCHOOL**

I plan to have my child attend Eagles' Nest after-school care:

- 4 or more days a week
- 3 days or less per week
- I will pay monthly through FACTS Management Company and authorize the same bank account and day of the month as with my tuition payments.
- I will pay monthly through FACTS Management Company but on a different day of the month from tuition (**Circle one:** 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> )
- I will enroll with FACTS for Eagle's Nest payments only
- I will pay the annual cost in one payment at the beginning of school

**BEFORE SCHOOL**

I plan to have my child attend Eagles' Nest before-school care:

- 4 or more days per week
- 3 or more days per week
- I will pay monthly through FACTS Management Company and authorize the same bank account and day of the month as with my tuition payments.
- I will pay monthly through FACTS Management Company but on a different day of the month from tuition (**Circle one:** 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> )
- I will enroll with FACTS for Eagle's Nest payments only.
- I will pay the annual cost in one payment at the beginning of school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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