

**RISE CENTER
FINANCIAL AGREEMENT
SCHOOL YEAR 2017/2018**

In account with: _____
Parents/Guardians' Names

Parents/Guardian of: _____
Child's Name

Home Phone Number: _____

Mother's Cell Number: _____

Father's Cell Number: _____

TO BE COMPLETED BY ALL PERSONS FINANCIALLY RESPONSIBLE FOR FEES AND TUITION. BOTH PARENTS/GUARDIANS MUST SIGN THIS AGREEMENT AND RETURN.

RISE reserves the right, upon 60 days written notice to the persons responsible for this account, to increase the monthly tuition during the term of the Financial Agreement in the event it becomes necessary to do so, in the sole option of the Program, due to extraordinary increases beyond the control of the Program in costs of wages or other essential operating costs.

In consideration of the enrollment of the above-named child at RISE for the indicated school year, I acknowledge and agree to the following:

1. TUITION AND FEES:

A. Tuition

Tuition and fees shall be paid in advance at the rates and amounts as they currently exist or as they may be revised in the future. Tuition shall be paid from the time of enrollment until the date of graduation from the program or withdrawal, provided, however, that a disenrollment form has been completed and has been given to the front office at least 10 days prior to withdrawal. If such notice is not given, tuition will be payable for an additional 10 business days after withdrawal. Tuition will not be pro-rated for extended absences or during times that RISE and/or the University of Alabama is not in session.(See RISE Center Calendar).

B. Late Charges

A late fee of \$30.00 will be charged if the Student Account Services receives payment after the 10th of the chargeable month.

2. PAYMENTS AND BILLING:

A. Due Date

Tuition must be paid monthly at the Student Account Services by the 10th of each month or a late fee of \$30.00 will be added.

B. Billing

Each month you will receive a bill from the Student Account Services. If you are a student at The University of Alabama, this bill will reflect charges other than tuition from RISE. Payments should be made to:

The University of Alabama
Student Account Services
Box 870120
Tuscaloosa, AL 35487-0120

MAILED PAYMENTS SHOULD BE RECEIVED BY THE OFFICE OF STUDENT RECEIVABLES ON OR BEFORE THE 10TH OF THE MONTH OR A \$30.00 LATE FEE WILL BE ADDED.

C. Payment By Check

Checks should include the parent's/guardian's name, address, phone number, and CWID number. Use only the CWID number of the parent/guardian in which the account is set up at Student Account Services. **THE UNIVERSITY OF ALBAMA WILL NOT BE RESPONSIBLE FOR PAYMENTS MADE UNDER ANY OTHER CWID NUMBER OTHER THAN THE ONE PROVIDED BY THE PARENT/GUARDIAN WHICH IS SET UP AT STUDENT RECEIVABLES.**

D. Default

If the Student Account Services does not receive tuition, the following sanctions may be imposed:

Disenrollment – The child may be withdrawn from the Program. Reinstatement to the Program will be at the discretion of the RISE Director and a representative from the Student Account Services.

Costs of Collection – The undersigned parent/guardian will be responsible for all costs incurred by The University of Alabama in order to collect tuition and/or fees overdue under this Agreement including, but not limited to, fees to Collection Agencies, Court costs, and attorney's fees.

3. WITHDRAWAL POLICY:

Parents/Guardians may remove a child from enrollment of the Program upon 10 business days written notice delivered to RISE. A disenrollment form is provided for written notice and can be obtained in the office from the clerical assistant.

4. DISENROLLMENT:

The Program reserves the right to permanently remove a child from the Program at any time for non-payment of fees.

I hereby certify that I have read and understand all terms and conditions set forth in the Financial Agreement, and I hereby comply with all such terms and conditions. In the event of a default of any provision of the Financial Agreement, I agree to pay all reasonable costs of collection (including court costs and attorney's fees) incurred by the Program.

I understand that my obligation to pay the fees described in this Financial Agreement is unconditional and that no portion of any such fees so paid or outstanding for a particular month will be refunded or canceled, regardless of the subsequent absences, withdrawal, or dismissal of the child from the Program during such month or any portion thereof.

I understand that any cancellation of the Financial Agreement by me must be in writing and meet all conditions stated in the Withdrawal Policy as stated above, and must be acknowledged by the RISE Director.

ACKNOWLEDGED AND AGREED TO:

Mother's or Responsible Party's Signature

Father's or Responsible Party's Signature

Name Printed

Name Printed

Address: _____

Mother's Driver's License # & Expiration

Father's Driver's License # & Expiration

Mother's Social Security/CWID Number

Father's Social Security/CWID Number

Please indicate the name and Social Security/CWID number of the person responsible for billing.

Name

Social Security/CWID Number

Please check appropriate status: _____ Student _____ Faculty _____ Staff _____ Community