



## SARATOGA ACADEMY FACTS SIGN UP FOR THE 2015/2016 SCHOOL YEAR

*NEW FAMILIES NEED TO FILL OUT SECTIONS A, B & C*

*FAMILIES CURRENTLY ENROLLED THROUGH FACTS SECTION A & TOP OF B  
IF YOU'RE PAYMENT INFO IS NOT CHANGING*

### A. STUDENT INFORMATION:

Student Name: \_\_\_\_\_  
First Name / Last Name

### B. PAYMENT INFORMATION:

Timing of Payment (please circle one):

Monthly (spread out over 10 months) / FACTS *will access a one-time fee of \$41*

2 payments - Bi-Annual / FACTS *will access a one-time fee of \$10*

Start Date for the transaction to occur and day of the month for each payment (please circle one):

Monthly Payment: Aug 5<sup>th</sup> - May 5<sup>th</sup>

Bi-Annual Payment: Aug 5<sup>th</sup> / Dec 5<sup>th</sup>

or  
Aug 20<sup>th</sup> - May 20<sup>th</sup>

or  
Sept 5<sup>th</sup> / Jan 5<sup>th</sup>

Payment Type (please circle one):

Checking Account

Savings Account

Credit Card

*\*There is a 2.75% fee for using a credit card (Full Tuition Amount x 2.75% / # of months)  
Cards accepted MasterCard, Discover and American Express*

Authorized Party (responsible for payments):

\_\_\_\_\_  
First Name / Last Name

Additional Party:

\_\_\_\_\_  
First Name / Last Name

### C. PAYMENT TYPE:

Credit Card Information:

Account Holder Name: \_\_\_\_\_

Card Type: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Bank Information:

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Home Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*Please email completed sheet to Amy Saelens: [saela@saratoga-academy.com](mailto:saela@saratoga-academy.com), drop off the completed sheet to the office located in the Elementary building or mail the sheet to 1524 Route 9 Clifton Park, NY 12065 Attn: Amy Saelens