



## Brentwood Baptist Christian Academy

588 Dara James Des Plaines, IL 60016 (847) 298-3399

### Family Financial Agreement      2017-2018 School Year

Child	Grade	Days Attending			Tuition	Registration	Total
		3	4	5	Monthly		
1		3	4	5			
2		3	4	5			
3		3	4	5			
4		3	4	5			
You agree to pay the following to BBCA: Initials _____					Total	Total	Grand Total:

### Payments Due – 1<sup>st</sup> of the month

This agreement is between Brentwood Baptist Christian Academy (BBCA) and \_\_\_\_\_  
(Parent/Guardian).

BBCA hereby enrolls the student(s) Listed above for the \_\_\_\_\_ school year. In consideration of said enrollment, Parent/Guardian agrees as follows:

- 1) We understand that tuition is a yearly fee that may be paid annually, or in monthly payments, as scheduled above. In the event of student's withdrawal, dismissal, or graduation, **the balance on student's accounts will be due before records, diplomas, report cards, or transcripts can be released.**
  
- 2) If a payment is not received by the 15<sup>th</sup> of the month, a late fee of **\$25.00 will be charged to that account. Students whose bills are not paid by the 25<sup>th</sup> of the month will be suspended until paid**, unless a payment arrangement is set up.
  
- 3) Payments received for tuition are the sole support of our teachers, materials, and staff at BBCA. There will be a charge of \$25.00 for checks returned to the school. After two returned checks, all payments will be on a money order, credit/ debit card, or cash basis only. Two delinquent payments per contract agreement could result in a student being suspended until the account is current. Should BBCA have to pursue payment through

any collection agency and /or court, the parent/guardian agrees to pay for all fees and expenses incurred.

- 4) The Academy closes at 6:00 pm. There is a late pick-up fee of \$10.00 per child for every 15 minutes or fraction thereof the child remains in the building past 6:00 p.m.
- 5) A parent receiving state aid is responsible for any remaining balance that is not paid by the state.

**We have read the contract carefully and hereby agree to the terms prescribed above.**

(Circle one) **Father** **Mother** **Guardian**

Print Name		Signature		
Social Security Number ____ - ____ - ____		Phone Number ____ - ____ - ____		
# and Street	City	State	Zip Code	Date

(Circle one) **Father** **Mother** **Guardian**

Print Name		Signature		
Social Security Number ____ - ____ - ____		Phone Number ____ - ____ - ____		
# and Street	City	State	Zip Code	Date

<i>Office Use Only</i>	
Start Date: _____	Records Date: _____