



Brentwood Baptist Christian Academy

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

Family Financial Agreement 2021-2022 School Year

Child	Grade	Days Attending	Tuition	Registration	Total
		Wee Care & K3,K4 <i>*K5-1st Grds</i> <i>5 days required*</i>	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:			Total	Total	Grand Total:
Initials _____					

Payments Due – 1st 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 15th of the month, a late fee of **\$25.00 will be charged to that account. Students whose bills are not paid by the 25th 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 BBKA 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: _____