

*Bible Baptist Church
Columbia Christian Academy
1323 County Route 21
Ghent NY 12075 (518) 392-2361*

**PAYMENT PLAN AGREEMENT
2018/2019 School Year**

Name of Parent(s) or Guardian responsible for tuition payment(s)

Name(s) of Students Attending _____

Full Mailing Address (statements will be sent) _____

Parent or Guardian Phone # _____

Please choose one option from below:

___ **Option #1** Full amount- Tuition paid in advance \$1300 per student by September 10th, 2016
(you will receive a receipt)

___ **Option #2** Monthly Billing - 10% of total tuition (\$130 per student) 1st payment due September 10th, 2016 followed by monthly payments of the same amount due at the 10th of each month through June of 2017. (You will receive monthly statements on or about the 1st of each month).

Signature of Parent or Guardian _____

Date _____

Parents are also responsible for the cost of replacement PACEs in the event a student loses or fails a PACE. The cost is \$4.00 a PACE. Replacement PACEs will be charged when needed.