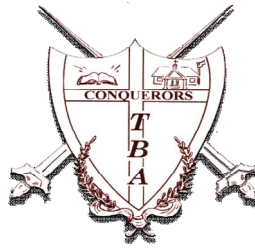


Tomah Baptist Academy
Phone: (608) 372-2071

<http://tba.tomahbaptistchurch.com>



1701 Hollister Avenue
Tomah, WI 54660

office@tba.tomahbaptistchurch.com

Tomah Baptist Academy Payment Contract

By the signing of my/our names, I/we agree to be responsible for the full and timely payment of the tuition and fees relating to the cost of my child(ren)'s education at Tomah Baptist Academy for the current school year. I/we acknowledge that I/we do not owe the school any amount for the tuition or fees from any previous school year.

I/we understand that my/our:

Total tuition cost is \$ _____

Material fee is: \$ _____

Total amount due: \$ _____

I/we understand that the **Tuition** cost must be paid according to one of the following payment plans. I/we understand that the **Material fee** is due in full by August 1st. I/we understand that if I/we incur **after school care** costs, that they must be paid by the end of the same week in which they are incurred.

I/we have chosen a payment plan of:

_____ Full payment by July 1st (5% discount)

_____ 10 monthly payments (August-May)

_____ 12 monthly payments (June-May)

My/our monthly payment is:

\$ _____

All payments are due the first (1st) of the month. A \$10.00 late charge will be added to your account if the monthly payment is not received by the fifteenth (15th) of the month. Your child(ren) will not be permitted to attend school beginning on the sixteenth (16th) of the month until your account is brought current, unless prior arrangements have been approved.

I/we agree that no reduction of my obligation to pay the full tuition and fees stated above can otherwise be made than according to the policies of Tomah Baptist Academy.

Billing address: _____

Father/Legal Guardian (please print)

Mother/Legal Guardian (please print)

Father/Legal Guardian (signature & date)

Mother/Legal Guardian (signature & date)