## Tuition Summary 2024-2025

## Tuition Payment Plan Choice (Check One)

Full Payment If the entire amount of tuition is due by August $1^{\text {st. }}$, receive a $2 \%$ discount.
Semi-Annual If the tuition is paid in two equal payments due August $1^{\text {st }} \&$ January $1^{\text {st. }}$, Receive a 1\% discount.
$\square$ Monthly The tuition is paid in 10 equal payments due August $1^{\text {st }}$ through May $1^{\text {st. }}$
Payments are made directly to the school office. Upon receipt, the proper invoices based on your choice of payment options will be email to you.

| 2024-2025 School Year Annual Tuition |  |  |  |
| :---: | :---: | :---: | :---: |
| Grade | N3/K4 | K5 to Fourth Grade | Fifth Grade to High School |
| Tuition | $\$ 5,000$ | $\$ 4,100$ | $\$ 4,400$ |

- The discount for a second child is $\$ 300.00$
- The discount for a third child is $\$ 600.00$
- The discount for a fourth child is $\$ 900.00$


## Name(s) of Students

| - Anticipated Grade |  |
| :---: | :---: |
| Anticipated Grade __ Tuition |  |
| Anticipated Grade ___ Tuition |  |
| Anticipated Grade ___ Tuitio |  |
| TOTAL $\overline{\text { (prior to Discount/Financial Aid) }}$ |  |
|  |  |
| Discounts/Aid desired: $\square$ FBC member discount $\square$ Pastoral Discount $\square$ First Responders / Military |  |
| $\square$ Referral $\square$ Financial Aid $\quad \square$ Staff | $\square$ Other |
|  | Do Not Write in the Space below - Office Use Only |
| I/We commit to pay the above TOTAL BASIC TUITION towards | Registration Payment |
| the cost of Christian School Education for my/our child(ren) | Base Tuition |
| at CCA. I/We acknowledge that there may be adjustments for | FBC Member disc. (-) |
| applicable discounts or aid. I/We Acknowledge the receipt of | Pastoral disc. (-) |
|  | Staff disc. (-) |
| copy of the calculation of Total Tuition Amount for my/our | First Responders disc. (-) |
| child(ren) by the CCA Financial Office. | Other disc. (-) |
|  | Total |
|  | Financial Aid (-) |
| Signature of Parent(s) or person financially responsible for this account. |  |
| Family Name | Amount Due |
| Billing Email |  |

