

Park Place Christian Academy
2026-2027 Family Fee Commitment Form
(K5-12th Grade Students Only)

Parents, guardians or other persons responsible for payments should read and complete the required information, sign and return to the PPCA Admissions or Financial/Business Office along with the Financial Contract (for Tuition). A student(s) placement for enrollment is NOT secure until this Family Fee form and the Financial Contract have been completed, signed and returned along with the registration fees.

Family Fee: \$600.00 (one time per family)

Please indicate how you will pay the Family Fee:

ANNUALLY (1 \$600.00 payment due on or before June 1, 2026)

BI-ANNUALLY (2 \$300.00 payments, first payment due on or before June 1, 2026 and the second payment due on or before December 15, 2026)

MONTHLY (12 monthly Bank Drafts, beginning on June 5, 2026 and ending on May 5, 2027)

*For monthly draft only, please complete bank information below.

If your student is withdrawn from PPCA at any time before the Family Fee is paid in full, you will be responsible for any remaining Family Fee balance. NO records or transcripts will be released until balance is paid in full.

Mother's/Guardian Name: _____ Father's/Guardian Name: _____

Does applicant have siblings living in the same household who have previously attended PPCA and the Family Fee was paid at their time of enrollment?

YES If YES, please list siblings full name(s) below and check "Previously Attended". Then list currently enrolling student(s) names, grade and check "New Student".

NO If NO, please list enrolling student(s) names, grade and check "New Student"

STUDENT NAME	Previously Attended	New Student	Grade for 2024-2025

Bank Information:

If electing to pay monthly bank draft option, attach a voided check and complete the following:

I authorize Bank Plus to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the business office, in writing to cancel, in such time to afford Bank Plus reasonable opportunity to act on it.

Name on Account _____ Routing # _____

Checking Account # _____ or Savings Account # _____

Financial Institution _____ Effective Date of Transfer _____ Amount _____

Customer Signature _____ Date _____