

# Registration Form

## First Baptist Christian School

1211 N. Vermilion    Tel: 217-442-2434    info@danvillefbc.org  
Danville, IL 61832    Fax: 217-442-8731    www.fbcspanville.com

### Parent Information

Father's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_  Landline  Cell Phone

Email: \_\_\_\_\_

Mother's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_  Landline  Cell Phone

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Students

	Student's Name	Birthdate	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

### Tuition Payment Plan

Please indicate which payment plan you prefer.

- 1 Payment To be paid in full by July 1<sup>st</sup> 5% Discount
- 2 Payments 1/2 of the tuition amount to be paid by September 1<sup>st</sup>; balance to be paid by January 1<sup>st</sup> - 3% discount
- 9 Payments Payments start September 1<sup>st</sup>
- 10 Payments Payments start August 1<sup>st</sup>
- 11 Payments Payments start July 1<sup>st</sup>
- 12 Payments Payments start July 1<sup>st</sup>

By signing this form, I acknowledge that I have received, read, and understand the "Tuition and Fee Schedule". I agree to pay the fees associated with my student's enrollment.

By signing this form I agree to pay the tuition payment plan I, the signer, selected above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Office Use Only**

Tuition Preschool: _____	Registration Amount: _____
Tuition Elementary: _____	Book Fee Amount: _____
Tuition Secondary: _____	Course Fees: _____
Total Tuition: _____	Technology Fees: _____
Contract Type: _____	Activity Fees: _____
Payment Amount: _____	Graduation Fee: _____
Payment Type: _____	Sports Fees: _____
Discounts Reflected: _____	Total Fees: _____

