



SATURDAY SCHOOL PAYMENT PLAN FORM

I/we agree to pay the Saturday School registration fee for the following students.
(\$50 per student / \$40 for FARMS students):

Student Name: _____ Student ID Number: _____

Student Name: _____ Student ID Number: _____

Student Name: _____ Student ID Number: _____

Student Name: _____ Student ID Number: _____

Student Name: _____ Student ID Number: _____

I/we will pay the total of \$ _____ in the following installments and on the following dates:

Total amount due: \$ _____

Payment amount: \$ _____ Payment date: _____ Payment type*: _____

Balance due: \$ _____

Payment amount: \$ _____ Payment date: _____ Payment type*: _____

Balance due: \$ _____

Payment amount: \$ _____ Payment date: _____ Payment type*: _____

Balance due: \$ _____

Payment amount: \$ _____ Payment date: _____ Payment type*: _____

Balance due: \$ _____

Payment amount: \$ _____ Payment date: _____ Payment type*: _____

Balance due: \$ _____

Parent Signature

Center Director Signature

* Indicate cash, check or money order

Center Directors please keep original in your files and make a copy for parents each time a payment is recorded.