Blackbaud Tuition Management™

Enroll.blackbaud.school

PROVIDENCE CHRISTIAN SCHOOL - 06325
PO Box 719
SHINGLE SPRINGS, CA 95682

0 6 3 2 5 2 2 1 8 0 8

2022 - 2023

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER – –

MOBILE TELEPHONE NUMBER – –

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following due date:

Your school allows the following due date(s):
10, 20

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):
10, 20

PLEASE DEBIT MY: ☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD ☐ VISA

CREDIT CARD NUMBER

EXPIRATION DATE /

A 2.85% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A Payment(s) 10 Sep - Jun

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE:
- ☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- ☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

STUDENT TUITION 1	$.
STUDENT TUITION 2	$.
STUDENT TUITION 3	$.
STUDENT TUITION 4	$.
FAMILY TUITION SUBTOTAL	$.

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE $.

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of $65.00 will be assessed to my account. A $30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE / /