



# PRAIRIE CHRISTIAN ACADEMY SOCIETY



## 2025/2026 FEE SCHEDULE

Parent 1/Guardian Last Name First Name

Parent 2 / Guardian Last Name First Name

Box Number

City

Province/State

Country

Postal/Zip Code

( )

( )

( )

Home Phone Number

Work Phone Number

Cell Phone Number

email

**Society Fee for students: (Grades 1-12) \$750.00 for first student, \$600.00 for the second student, \$425.00 for third student, \$0.00 for any additional students**

	Full name of student (list in order of oldest to youngest)		School Grade 2025/2026	Fees
	Last Name	First Name		
1				\$ 750.00
2				\$ 600.00
3				\$ 425.00
4				\$ 0.00
5				\$ 0.00
<b>Kindergarten Registration: \$375.00</b>	<b>Student 1 Name:</b>			\$ 375.00
	<b>Student 2 Name:</b>			\$ 375.00
<b>Society Fee Sub-total</b>				\$
<b>Minus 5% Discount on Society Fees if paid in full by Sept 2, 2025 (E-TRANSFER, CASH OR CHEQUE ONLY)</b>				\$
<b>2% Late Fee applied after September 15, 2025</b>				\$
<b>Residence Fees: \$16,500.00</b> (includes \$250 damage deposit)	<b>Student 1 Name:</b>			\$
	<b>Student 2 Name:</b>			\$
<b>Free Will Donation - Tax receipt will be issued</b>				\$
<b>Total Due</b>				\$

Please make all cheques payable to "Prairie Christian Academy Society, or e-transfer [pca.society@ghsd75.ca](mailto:pca.society@ghsd75.ca)  
Email as above (or mail this form along with payment to: Box 1756, Three Hills, Alberta T0M 2A0)

Payment Plan Options: Please  one of the following:

- Full Payment Plan:** Pay total due by September 2, 2025. **If paid by e-transfer [pca.society@ghsd75.ca](mailto:pca.society@ghsd75.ca), cash or cheque** a 5% discount is awarded on Society Fees
- Society Plan:** Payment over eight (8) months, September 1, 2025 to April 1, 2026, by eight equal post-dated cheques, electronic funds transfers or credit card payments. Authorization form attached.
- Dorm Plan:** Payment of \$3,000 must be made before August 31, 2025. The remainder may be paid in eight equal post-dated cheques, electronic funds transfers or credit card payments, dated September 1, 2025 to April 1, 2026. Authorization form attached.

**Refund Policy** – Residence and Society Fees are refundable on a prorated basis according to the number of weeks the student has spent in school or the dorm, less a \$250 admin. fee for Society, or a \$750 admin. fee for the dorm.

*I agree to pay the Fees for the 2025-2026 school year, according to the plan indicated above.*

Signature of Parent /Guardian

Date

**Questions? Contact Christy Saunders at 778-873-2453 or email [pca.society@ghsd75.ca](mailto:pca.society@ghsd75.ca)**

**Note:** A 2% penalty will be charged if financial arrangements have not been made by Sept. 15, 2025.



**Prairie Christian Academy Society**  
**PO Box 1756, Three Hills AB T0M 2A0**  
**Phone: 403-443-4220      E-mail: [pca.society@ghsd75.ca](mailto:pca.society@ghsd75.ca)**

## Electronic Funds Transfer Authorization

I agree to pay the Society fees for the 2025-2026 school year, along with any previous balance owing, and authorize the **Prairie Christian Academy Society** to draw on my bank account, on the 5<sup>th</sup> or on the 20<sup>th</sup> of the month or on the next business day, for the purpose indicated above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, Province & Postal Code

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Transfer amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Banking Information

For pre-authorized payments from a checking account, please attach a blank check marked "void"

For pre-authorized payments from a savings account, please have your bank fill out the information below:

Name of Financial Institution: \_\_\_\_\_

Branch Name & Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Payor Rights

I understand that I may cancel or change this authorization at any time by notifying the Society in writing at least 7 days before the next debit is schedule to be processed.

You have certain rights and recourse should any debit not comply with this agreement. You have the right to receive reimbursement for any debit that is not consistent with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
FOR OFFICE USE ONLY: \_\_\_\_\_  
Family Account ID