

**Please Indicate Your Plan Of Payment For The Semester:**  
***(Please Check All That Apply)***

- I will be paying for Child Care
- Child Care Connection
- Map Grant
- Pell Grant
- Stafford Loan
- Other Loans (Please Specify)
- Other Grants (Please Specify)
- Other Assistance (Please Specify)

**Please Indicate Your Payment/Co-Pay Schedule:**

- Weekly
- Bi-Weekly
- Monthly
- One Payment per Semester

**\*Please Indicate How You Would Like To Be Billed For The Semester\*:**  
***(Grant and Loan Recipients Only)***

- Bill for entire semester
- Bill for ½ semester
- Bill for \_\_\_\_ weeks at a time.

**Please Indicate Your Method Of Payment:**

- Cash
- Check
- Credit Card
- Automatic Payment (From Checking or Savings)

**Please Indicate Where You Will Pay:**

- On-Line (Credit Card or E-Check)
- Student Services (Any Method)
- Director's Office (Check Only)

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Sign

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Date