

Bethel Christian School

Enrollment Contract for School Year 2009-2010

Parents or legal guardians should sign this agreement.

I, the undersigned parent or guardian, acknowledge Bethel Christian School's acceptance of the following children for this school year, and hereby enter into this contractual agreement with the school to pay the required fees as published in the schedule of Fees and Tuition for a full school year, or that part of the school year remaining after entrance. I understand that TUITION IN FULL IS A BINDING OBLIGATION. I also understand that payment of installments does not represent a fractional contract. No refund will be made for the dismissal or withdrawal of a student, except in verified instances of employer dictated transfers involving relocation of 60 miles or more. I further understand that the ENROLLMENT FEE MUST ACCOMPANY THIS CONTRACT. ENROLLMENT FEES ARE NON-REFUNDABLE. I acknowledge that in the event of default in payment, that Bethel Christian School may report this default to a credit reporting agency, as well as place my promissory note in the hands of a collection agency or attorney for collection. I understand that a 5% interest may be added for each late or defaulted payment. If any checks I write are returned due to insufficient funds, I agree to bring cash money or a money order in the amount of the check and a \$25 penalty for each insufficient fund check. I also understand that failure to comply with this financial obligation, Bethel Christian School is authorized to (a) withhold all records pertaining to the students named and (b) refuse to permit the student to attend further classes, and/or school related activities until the entire amount required is paid in full.

Full Name(s) of Student(s)	2009-2010 Grade Level	Enrollment Fee
_____	_____	(see fee sheet)
_____	_____	
_____	_____	
_____	_____	
_____	_____	Total Enrollment Fee

I will pay the required fees as presented in the Fees and Tuition sheet. Please check either option #1 or option #2.

_____ **Option #1 – Payment in full – Due by the first day of school in August.**

_____ **Option #2 – Predated checks (dated by the 15th of each month) submitted with this enrollment.**

If Option #2 was chosen, please indicate which method payment you will choose.

_____ **2 payments** _____ **8 payments** _____ **9 payments** _____ **10 payments** _____ **12 payments**

Print Parent's Name _____ Date _____

 (Signature or Father or Legal Guardian) (Home Phone) (Work Phone) (Cell) (E-mail)

 (Signature of Mother or Legal Guardian) (Home Phone) (Work Phone) (Cell) (E-mail)

Billing Address _____
 (Street or P. O. Box) (City) (State) (Zip)