Bethel Christian School

Enrollment Contract for School Year 2008-2009

Financial Agreement

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 the 2007-2008 school year, and hereby enter into this contractual agreement with the school to pay the required fees as published in the attached 2007-2008 Schedule of Fees and the basis of enrollment 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 enrollment/re-enrollment fees or a $50.00 deposit fee per child must accompany this contract to reserve a place for my child/children. Enrollment/re-enrollment fees, as well as all other 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.

Full Name(s) of Student(s)	2008-2009 Grade Level(s)
_____	_____
_____	_____
_____	_____
_____	_____

I intend to pay the required fees as presented in the 2008-2009 Schedule of Fees on the basis indicated below. (Please consider carefully and check one plan.)

_____Annual Payment
Postdated check
August 1, 2008

_____Promissory Note payable in Semi-Annual Payments
Postdated check
½ payable August 1, 2008
½ payable January 1, 2009

____Promissory Note payable in Monthly Payments
Postdated checks
___12 payments June 1, 2008– May 1, 2009
___10 payments August 1, 2008– May 1, 2009
___ 9 payments September 1, 2008– May 1, 2009
__ 8 payments Sept.08 - Apr 09 OR Oct.08-May 09

Parent's Name _____ Date _____
(Please print)

_____ _____ _____ _____
(Signature or Father or Legal Guardian) Home Phone Work Phone Cell

_____ _____ _____ _____
(Signature of Mother or Legal Guardian) Home Phone Work Phone Cell

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