



**PRESCHOOL
ENROLLMENT FORM & FINANCIAL AGREEMENT
2019/2020 SCHOOL YEAR**

Mr./Rev./Dr. _____

First Middle Last

Ms./Mrs./Rev./Dr. _____

First Middle Last

Address: _____

Father's Cell _____ Mother's Cell: _____

Email: _____

Please circle your Public School District:

Grant Cedar Springs Kent City Newaygo Tri-County Other: _____

Church Membership _____

FULL NAME OF STUDENT(s)	19/20 GRADE	SEX M/F	AGE	BIRTHDAY MO/DAY/YR	PLACE OF BIRTH CITY & STATE
1.					
2.					

PRESCHOOL – 8 th GRADE	TUITION
4 Year Old All Day Preschool (M/W/F)	\$2781

(Please select one of the following):

- One Payment** in full \$ _____ (includes 1% discount) – Paid by July 31st, 2019
- Twelve monthly payments;**
1st payment will be withdrawn on July 15th 2019 & last payment will be June 15th, 2020
 Total Tuition \$ _____ /12 = \$ _____ payment per month payable by; **ACH transfer**
 Bank: _____ Routing Number: _____ Account Number _____
- Quarterly payments:** Total Tuition \$ _____ /4 = \$ _____ payment to be made by the 15th of: September, December, March & June (if payments fall behind we will revert to monthly ACH payments)
- Other payment** – must be approved by finance committee: _____

We have read the Financial Agreement and accept the responsibility for this financial commitment.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____