GRANT CHRISTIAN SCHOOL
Growing Kids in Christ, Community, Education, and Excellence
12931 Poplar Ave. | Grant, MI 49327 | (231) 834-8445
www.grantchristianschool.org

PRESCHOOL ENROLLMENT FORM & FINANCIAL AGREEMENT
2020/2021 SCHOOL YEAR

Mr./Rev./Dr. _____
First Last
Ms./Mrs./Rev./Dr._____
First 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)	SEX M/F	AGE	BIRTHDAY MO/DAY/YR	PLACE OF BIRTH CITY & STATE
1.				
2.				

PRESCHOOL	TUITION
4 Year Old All Day Preschool (M/W/F)	$2865

Payment Options (please select one of the following):

☐ **Twelve monthly payments;**
1st payment will be withdrawn on July 15th 2020 & last payment will be June 15th, 2021
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_____