

IMLAY CITY CHRISTIAN SCHOOL

7197 East Imlay City Road, Imlay City, MI 48444

STATEMENT OF REGISTRATION

2011-2012

Parent(s) Names: _____

Address: _____
(street) (city) (zip)

Email: _____

Home Phone #: _____ Work phone #: _____

STUDENT(S) NAMES:	BIRTHDATE:	GRADE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION CALCULATION:

Kindergarten tuition (\$3425 per student) A. \$ _____

1-8 Tuition (per schedule outlined in Tuition & Fee Policy) B. \$ _____

Optional Fundraiser Buyout (\$150 per event-max. \$450 - K-8 only) C. \$ _____

**By choosing zero on line "C" you are obligated to participate in 3 fundraisers

Jr.-K Tuition (\$985 entire year - see Tuition & Fee Policy) D. \$ _____

Registration/Book Fee (\$100 non-refundable per child, payable at the time of registration and subtracted from tuition total) E. \$ - _____

Early Registration Discount - \$50 (Registered prior to June 8th) F. \$ - _____

Any additional tuition credits - (see Tuition & Fee Policy) G. \$ - _____

ADD LINES "A" THROUGH "G" and enter here (this is tuition owed) H. \$ _____

Building Fund (\$350 per family K-8 only)** I. \$ **350.00**

** This is a separate, tax-deductible charge. Please pay with a separate check on the first day of school. This amount is not figured into your monthly payments.

ADD LINES "H" AND "I" FOR TOTAL AMOUNT DUE J. \$ _____

PAYMENT OPTION (PLEASE SELECT ONE):

Full payment due August 10th

4 payments of \$ _____ (due 8/10, 11/10, 2/10, 5/10)

11 monthly payments of \$ _____ (due the 10th of each month August - June)

I agree to the above terms and those detailed in the Tuition and Fee Policy. I understand that all past due tuition is subject to a late fee of \$10.00 per month. I also understand that that this form is a binding contract and by signing I agree to pay all fees in full.

***If default in schedule of payments exceeds 30 days, your child will be suspended until outstanding balance is paid. ***

Parent signature _____ Date _____

Parent signature _____ Date _____

Financially Responsible party signature (if other than parent) _____ Date _____