



**Student(s) live with:**

- Both Parents     Mother only     Father only     Mother & Stepfather     Father & Stepmother  
Other: (Please specify)

**If applicable: (Custodial Adults): Please provide a copy of the court custodial document for our records.**

I, \_\_\_\_\_, have full custody of the children named above.

We \_\_\_\_\_ and \_\_\_\_\_ have joint custody.

**Emergency and Pick Up Contacts (must be other than parents)**

- |    |            |           |              |              |                                    |                                  |
|----|------------|-----------|--------------|--------------|------------------------------------|----------------------------------|
| 1. | _____      |           |              |              | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME | LAST NAME | RELATIONSHIP | PHONE NUMBER |                                    |                                  |
| 2. | _____      |           |              |              | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME | LAST NAME | RELATIONSHIP | PHONE NUMBER |                                    |                                  |
| 3. | _____      |           |              |              | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME | LAST NAME | RELATIONSHIP | PHONE NUMBER |                                    |                                  |
| 4. | _____      |           |              |              | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME | LAST NAME | RELATIONSHIP | PHONE NUMBER |                                    |                                  |

*I give permission for any person above to be contacted and for my child(ren) to be released to those listed as pick up.*

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received:	Check #:	Cash:	Initials



# ENROLLMENT CONTRACT

## 2021-2022

**Tuition**

**Family Name**

Tuition is due on the first of each month, **September 2021 – June 2022**, and it past due unless it is received by the 10<sup>th</sup> of the month. **Tuition received after the 10<sup>th</sup> of the month will be subject to a \$15 late fee.** Tuition that is over 30 days delinquent may be charged an additional 1.5% on the total tuition balance. **Tuition is prorated based on 163 days of school.**

Half Day AM		Full Day Program	
Registration (Non-Refundable)	\$150.00	Registration (Non-Refundable)	\$150.00
Tuition	\$3,710.00	Tuition	\$7,000.00

If you are not paying tuition, who is authorized to make payment on your behalf? \_\_\_\_\_

The above named is authorized to receive account information.

**Tuition Guidelines:**

- 1) All registration payments will be made directly to Christ the King Catholic School, since school finances are separate from parish finances.
- 2) **Once you have been accepted Registration fees are non-refundable.** Registration fees equal to one child are due at the time of initial registration. Multi-student families, registration fees may be made in payments equaling one child per month.
- 3) Tuition is paid on a ten month schedule from September – June. ACH is strongly encouraged (see attached form). If you are unable to do ACH, arrangements can be made through the finance office.
- 4) Family accounts will be assessed a \$25 return check fee on checks returned for non-sufficient funds.
- 5) Families must be up-to-date on all accounts before they can register their children for the following year.
- 6) Families who fall one month behind in their payments will be notified that their payments are late. Families who fall two months behind in their payments will be notified again at the end of the second delinquent month. Their children will no longer be enrolled in the Montessori program if payment is not received by the designated date.
- 7) Any questions concerning the tuition plan should be referred to the Director of the Montessori Preschool, Kelly Buchanan or Usa Sondag in the Christ the King School Finance Office. (509) 946-6158 or usondag@ckschool.net.

*Enrollment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the tuition payment plan may result in: (A) My child(ren) will be withdrawn from Christ the King School; (B) Initiation of legal proceedings; (C) Loss of eligibility for re-registering; (D) subject to Collection Agency.*

Parent or Legal Guardian (Printed Name): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_