

Community Christian School

Registration and Tuition Information—2017-2018

1. **Registration Fees:** Registration Fees are due with Student Application, are non-refundable and non-Transferable.
\$150.00 per student (Maximum of \$250.00 per family)
A student insurance fee of \$10 per student is also due at time of registration

TUITION SCHEDULE: SEE REFERENCE SHEET (PG. 2)

2. **Payment Plan Options:** All Plans include: Book/Supply and Tech Fees

Payments to CCS can be via ACH*, checks, money orders, or cash payments accepted.

**ACH are Direct payment from your checking to CCS checking taken out the 5th of each month.*

Please see Financial office for arrangements.

Not included in the combined fees are: Registration, Student Insurance, Extended Care, Field Trip, Tardy, and Graduation or other fees not directly related to the student's classroom.

3. **Parent Sponsor Hours/Donations**

We ask that all parents/guardians donate a minimum of 30 hours of their time to the school. We realize it may be impossible for many parents to donate time. Therefore, in lieu of time, a donation to the general fund of \$300.00 may be made. All gifts and donations are tax-deductible.

Any payments received after the 10th of the month will be assessed an additional \$25 fee
******NSF Check Fee is \$27.50***

It shall be the policy of the school, to admit students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available by the school. The school shall not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, admission policies, and athletic and other School Administered programs.

Community Christian School

Reference Sheet (Tuition and Fees Schedule) – 2017-2018

	Tuition	Tech. Fee	Book/Supply Fee	Total
PK 3 Day	\$1590.00	\$90.00	\$171.00	\$1851.00
PK 4 Day-BSF	\$1983.00	\$90.00	\$171.00	\$2244.00
PK 5 Day	\$2289.00	\$90.00	\$171.00	\$2550.00
Kindergarten	\$3888.00	\$114.00	\$291.00	\$4293.00
Grades 1-4	\$3888.00	\$144.00	\$336.00	\$4368.00
Grades 5-8	\$3999.00	\$204.00	\$366.00	\$4569.00

Payment Options

	Annual 4% tuition discount Due July 1	Semester 2% tuition discount Due July 1 & Jan. 1	Monthly Based on 12 months Due on the 1 st
PK 3 Day	\$1787.40	\$909.60	\$154.25
PK 4 Day-BSF	\$2164.80	\$1102.20	\$187.00
PK 5 DAY	\$2458.80	\$1252.20	\$212.50
Kindergarten	\$4137.60	\$2107.80	\$357.75
Grades 1-4	\$4212.60	\$2145.30	\$364.00
Grades 5-8	\$4409.40	\$2244.60	\$380.75

Mission Statement: *“Christ First, Academics Second To None”*

Financial Contract 2017-2018

The following statements form an agreement, which define the obligation of the parent, guardian or individual who is financially responsible to Community Christian School on behalf of the following named students whose enrollment has been accepted by Community Christian School **(Forms must be initialed by parent(s). Forms without initials will NOT be accepted):**

Student Name: _____ Grade _____
Student Name: _____ Grade _____
Student Name: _____ Grade _____
Student Name: _____ Grade _____

I/We have elected the following payment option: Annual, Semester or Monthly (circle one) Initials ___/___

I/We understand that upon signing this agreement, all fees are due in full by the school's fiscal year end (June 30th). Further I/we acknowledge the school has the right to terminate the attendance of any student for any reason addressed in the **CCS Parent/Student Handbook**, including the failure of the parent to maintain their financial obligation to Community Christian School. Initials ___/___

I/We understand that if any payment is not made within sixty (60) days of the due date, the school may, at will suspend the student and is under no obligation to provide services, educational or otherwise to said student. Initials ___/___

I/We understand if the student(s) listed above withdraws, or are suspended or dismissed from Community Christian School for any reason on or after July 1st, 2017, a Withdrawal Fee covering all Book and Technology fees along with two months tuition will be assessed. If a pre-payment has been made, the refund will be prorated from the day of withdrawal, including suspension or dismissal and will incur a 10% surcharge. Registration fees will not be returned or prorated for any reason. Initials ___/___

I/We understand in the event that prior or present obligations have not been met; any sum paid for any purpose including Registration Deposit for a future year will be applied first to the satisfaction of prior and/or current obligations. Initials ___/___

I/We understand that if for any reason our account is forced into collection, costs associated with the collections process will be accrued and added to the outstanding balance, which is owed to the school. It is understood that delinquent accounts of 60 days may be sent to a collection agency. If my/our account is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of said account, a collection fee equal at minimum to 33 1/3 % of the unpaid balance will be added to the account. I agree to pay such fees. I further agree to pay all reasonable attorney's fees and courts costs associated with the collection of my/our account. Initials ___/___

I/We understand in the event that prior or present financial obligations to CCS including miscellaneous fees (see pg. 1) have not been met; registration for the upcoming school year will not be permitted until all financial obligations to date of registration have been paid in full. Initials ___/___

I/We understand in the event that my student requires General Education Intervention Services or Special Education Service Plan I am responsible to pay an additional sum of \$20.00/month** to C.C.S. for coordination of these services. Initials ___/___
**Please see pg. 1, #4 for additional information.

MEDIATION AND BINDING ARBITRATION AGREEMENT. The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-27. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including claims under federal, state, and local statutory or common law, the law of contract, and law of tort shall be settled by biblically based mediation.

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree for the mediation and arbitration process to be conducted in accordance with the "Rules of Procedure for Christian Conciliation" ("Rules") contained in the Peacemaker Ministries booklet, *Guidelines for Christian Conciliation*. Consistent with these "Rules," each party to the agreement shall agree to the selection of the arbitrator. The parties agree that if there is an impasse in the selection of the arbitrator, the Institute for Christian Conciliation division of Peacemaker Ministries of Billings, Montana [(406) 256-1583], shall be asked to provide the name of a qualified person who will serve in that capacity. Consistent with the "Rules," the arbitrator shall issue a written opinion within a reasonable time.

The parties to this contract agree that these methods shall be the **sole remedy** for any controversy or claim arising out of the enrollment relationship or this agreement and **expressly waive** their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. The parties to this agreement have had an opportunity to consult legal counsel before signing this agreement.

Signature of Parent/Guardian/Other: _____ Date: _____
Signature of Parent/Guardian/Other: _____ Date: _____

Name of person financially responsible for payment.

Name: _____
Address: _____ City _____ State _____ Zip _____
Signature of Parent/Guardian/Other: _____ Date: _____
Signature of Parent/Guardian/Other: _____ Date: _____

Community Christian School
2017-2018 Extended Care
Enrollment Form

Child #1 _____

Child #2 _____

Child #3 _____

Parent's Signature _____ Date _____

_____ Yes, please send my invoices to my email address

Email address: _____

Please check the space according to the time your child(ren) will be participating in the Extended Care Program.

Extended Care is in operation only on days school is open and follows the same pattern of school openings, closings, and delays. Please plan early for holiday and emergency closings.

Please note that there will **NOT** be Extended Care offered: *the first day of school; *the day we dismiss for Christmas Break; *or the last day of school.

MONTHLY FEE**

_____ **PK (11:30-3:20)** **\$140.00**

_____ **BEFORE SCHOOL (7:30 - 8:00 a.m.)** **\$ 40.00**

_____ **AFTER SCHOOL (3:20 - 5:30 p.m.)** **\$175.00**

_____ **OCCASIONAL USE ONLY (\$5.50/hour)**

****Payments received after the 10th of the month will be assessed an additional \$25 fee**

****NSF Check Fee is \$27.50**

**IF A STUDENT(S) IS NOT PICKED UP BY 5:30 P.M.,
A \$5.50 FEE FOR 5 MINUTES WILL ACCRUE.**

The following individuals have my approval and permission to pick-up or retrieve my child from CCS or its alternate site(s). Please give at least two (2).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

