



Financial Agreement 2018- 2019

I understand that the payment of the registration fee is required before my student can be considered enrolled and that the registration is a non-refundable fee.

I understand that all prior school year costs must be paid in full before my student will be allowed to enroll for the new school year.

I understand that my student's continued enrollment at Olympia Christian School is contingent upon my continued fulfillment of my payment responsibility.

I understand the monthly tuition charges are due on the 5th of the month and if not paid by the 10th of the month will be subject to a late payment fee of \$35.00. There is a \$25.00 fee for returned checks.

I understand my child will be withdrawn on the first of the month if the previous month's financial obligations have not been met or arrangements made with the administration.

I understand that before and after school care is provided by the Olympia Christian School Early Learning Center and will be billed and paid separately.

Please select from below your desired payment plan for the 2018-2019 school year. Be sure to fill in the amount you will pay.

1) _____ I will pay \$_____ (the whole year's tuition) up front before the 1st day of school and receive a 5% discount on the yearly cost.

2) _____ I will pay \$_____ monthly on the 9 month payment plan (Sept.-May). This option is available only for students enrolled at the start of the school year.

3) _____ I will pay \$_____ monthly on the 10 month payment plan (Sept.-June).

4) Financial Aid is being subsidized at \$_____ monthly for 10 months by _____ Church / OCS for this school year.

I understand my signature below represents my commitment and agreement to pay all financial costs when due. My signature further stipulates my understanding of the payment plan my family selected and my commitment to follow the plan.

Student's Name

Parent/Guardian/Financial Sponsor (PRINT)

Signature

Address

Phone #

Social Security #

Date

Parent/Guardian/Financial Sponsor (PRINT)

Signature

Address

Phone #

Social Security #

Date