

BETHANY LUTHERAN SCHOOLS



Mission Statement

Bethany Lutheran School is a family of hope-filled Christian believers dedicated to nurturing all children to love, honor and serve God.

Family Information

Family Information

Bethany Lutheran School • 1011 Ulatis Drive • Vacaville, CA • 95687 • (707) 451-6683

STUDENT(S) ENROLLMENT INFORMATION

Name: _____ K-8 P/S Grade/Level: _____

Name: _____ K-8 P/S Grade/Level: _____

Name: _____ K-8 P/S Grade/Level: _____

Name: _____ K-8 P/S Grade/Level: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Relationship: _____
(if not Parent/Guardian)

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: *(Please print clearly.)* _____

Employer: _____ Business/Occupation/Title: _____

Father/Guardian Name: _____ Relationship: _____

Address Same Mother *(if not Parent/Guardian)*

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: *(Please print clearly.)* _____

Employer: _____ Business/Occupation/Title: _____

FINANCIAL RESPONSIBILITY

Person(s) assuming financial responsibility for student's tuition and Extended Care (if applicable) at Bethany Lutheran Schools:

Name(s): _____

Address: _____
(Street) (City) (Zip)

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature: _____ Date: _____ SSN # _____ *

Signature: _____ Date: _____ SSN # _____ *

*Required if payment plan selected. All financial documents are retained in proper fashion according to school policy.

Financial Agreement

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This contract is a partnership between Bethany Lutheran Schools (hereinafter referred to as BLS) and the parents or guardians of the student(s) listed, I/We hereby enroll said student(s) for the academic year stated with the following agreements.

- 1 I/We understand that fees associated with registration of this student are **non-refundable** (i.e., testing, registration, annual fee, etc). The registration fee is refundable only if proper placement for your student(s) can not be found.
- 2 I/We agree to pay the tuition in accordance with the terms set forth by BLS and conclude all required payments as agreed. I/We understand that tuition and extended care must be authorized by ACH payments which transact on the 3rd day of each month. I/We agree that all payments are subject to clearance by the banking system. Any returned check or ACH payment will result in a fee of 10% of the check or ACH payment amount or \$25.00, whichever is higher. Drop-In Extended Care payments are drawn on the 15th of the month. **I/We hereby authorize BLS to use the ACH form currently on file. Initial:** _____
- 3 Tuition for late enrollment will be pro-rated from the student's start date.
- 4 I/We understand that this contract is for the entire school year. Under extenuating circumstances, early withdrawal will be considered. Approval of early withdrawal is at the sole discretion of Bethany Ministries. To officially withdraw a student from BLS, a written notice is required and must be submitted to the BLS office. I/We understand and agree that we are responsible for the balance of tuition regardless of the reason for the withdrawal. Under extenuating circumstances, tuition for early withdrawal may be prorated through the end of the trimester (K-8) or 30 days from notice (Preschool). However, if the student is removed from BLS during the months of April or May, we will pay the remaining balance of the school year's tuition. **Initial:** _____
- 5 I/We understand that if we wish to make a change in the student's Extended Care program, we must notify BLS by completing a change form in the school office.
- 6 I/We understand that by assuming responsibility for the tuition account, we are responsible for and agree to pay any and all fees and charges incurred while the student is attending BLS. Accounts must be paid in full to receive final exams, grades, report cards, diplomas, or to participate in programs, ceremonies, etc. I/We further understand that student records will not be released to the family until the account is paid in full.
- 7 I/We understand that students with accounts 30 days past due may be removed from school. All costs incurred by BLS to collect on past-due accounts are our responsibility and will be billed to us.
- 8 I/We understand that we are responsible to complete 30 Partnership Hours for one student (50 for multiple students) or pay \$10.00 per uncompleted hour by May 15 for non-returning families and July 31 for returning families.
- 9 I/We understand that for the safety and well-being of BLS staff and students, Extended Care sign-in and sign-out sheets for all students must be signed; otherwise, I/We agree to be charged until 6:00 PM. Extended Care billing sheets will be presumed correct unless disputed within 30 days of the billing date.

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED CONTRACT FOR PAYMENT AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS ENROLLMENT.

I/We, agree to be financially responsible for paying the yearly tuition and all fees.

(Signatures required of all parties agreeing to be financially responsible i.e. husband and wife, etc).

Signature

Date

Signature

Date

Tuition and Fees Worksheet

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TUITION AND FEES — K-8

Tuition and Fees	Student 1 Grade _____	Student 2 Grade _____	Student 3 Grade _____	Student 4 Grade _____
New Student Testing Fee	\$	\$	\$	\$
Registration Fee	\$	\$	\$	\$
Student Annual Fee	\$	\$	\$	\$
Tuition	\$	\$	\$	\$
Member Discount (25%)	\$	\$	\$	\$
Prepay Discount (5%)	\$	\$	\$	\$
Sibling Discount (5, 20, 30%)	\$	\$	\$	\$
Total Discounts	- \$	- \$	- \$	- \$
Tuition Less Discounts	\$	\$	\$	\$
Monthly Payment (10 Mo.)	\$	\$	\$	\$

Additional Information: _____

EXTENDED CARE — K-8

Extended Care	Student 1	Student 2	Student 3	Student 4
Morning 7:00—8:00 AM	\$	\$	\$	\$
Kindergarten Afternoon 11:20AM—3:00 PM	\$	\$	\$	\$
Afternoon 3:00—6:00 PM	\$	\$	\$	\$
Morning 8:00—11:55 AM	\$	\$	\$	\$
Full Time—Kindergarten	\$	\$	\$	\$
Full Time—Grades 1-8	\$	\$	\$	\$
Total Extended Care	\$	\$	\$	\$

OFFICE USE ONLY

Application/Testing Fee	Date Received ___/___/___	Amt. \$ _____	CK# _____	Cash <input type="checkbox"/>
Registration Fee	Date Received ___/___/___	Amt. \$ _____	CK# _____	Cash <input type="checkbox"/>
Student Annual Fee	Date Received ___/___/___	Amt. \$ _____	CK# _____	Cash <input type="checkbox"/>
Tuition Paid	Date Received ___/___/___	Amt. \$ _____	CK# _____	Cash <input type="checkbox"/>
Payment Option:	<input type="checkbox"/> Pay in Full <input type="checkbox"/> 10 Month			