

WESTBROOK CHRISTIAN SCHOOL

100 Westminster Drive
Rainbow City, Alabama 35906
(256) 442-7457

**RE-ENROLLMENT FORM
2019/2020 ACADEMIC YEAR**

Parents: _____
Address: _____

Home Phone: _____
Father's Cell: _____
Mother's Cell: _____

Name of Student(s): _____ Grade entering for Fall 2019: _____

2018/2019 TUITION CHARGES:

		Registration Fee*	Tuition	Tuition Deposit	Tuition Balance	Monthly Tuition Pmt
3K/4K	3-Day Program	\$275	\$2,112		\$2,112	\$176
3K/4K	5-Day Program	\$275	\$3,012		\$3,012	\$251
5K	5-Day Full Day Program	\$275	\$3,960		\$3,960	\$330
1 st – 5 th		\$400*	\$4,740		\$4,740	\$395
6 th		\$400*	\$4,740		\$4,740	\$395
7 th -12 th		\$400*	\$5,748		\$5,748	\$479

*All students grades **1-12 only** registered by May 24, 2019 can take a discount of \$100 off the Registration Fee.

All **NEW** students (including siblings of presently enrolled students) cannot enroll until April 8th.

TUITION CONTRACT

I am paying the tuition charges in the following way:

_____ **Post-dated checks June 1st – May 1st (Due in Business Office with this form)**
_____ **Payment in full (Check must accompany this form – may be post-dated June 1, 2019)**
_____ **Bank Draft (on file)** _____ **Bank Draft (new form attached)**

All forms along with the Registration Fee and the Tuition payment must be turned in at time of registration for the student to be considered enrolled for the new school year.

I, _____, understand that upon completion of this form, the registration fee and tuition are non-refundable. Once this form is complete, I am obligated for full tuition to the school even if I withdraw my student before the school year begins. I agree to pay per these guidelines.

For Office Use Only:	Date	Amount	Receipt#
Registration Fee Paid:	_____	_____	_____
Tuition Paid:	_____	_____	_____
Post Dated Checks Received:	_____	_____	_____
Bank Draft Authorization Received:	_____	_____	_____

****Contract is not complete without signature on back****

