



Brookside Christian School

915 Rose Marie Lane
Stockton, CA 95207

Elementary (K-6th): 209-954-7653
Jr./Sr. High (7-12): 209-954-7651



2018-2019 ENROLLMENT REGISTRATION

REGISTER TODAY! Please avoid a waiting list and enroll today. A registration payment must accompany this form in order to submit registration. Personal tours can be arranged by calling the school office.

STUDENT'S NAME _____ **SEX** (Circle one) M F

GRADE ENTERING _____

Please provide the following information concerning the guardians living with the student.

1. Father/Male Guardian Name _____ Soc. Sec. # _____

2. Mother/Female Guardian Name _____ Soc. Sec. # _____

3. Marital Status: (Please circle one) Married Divorced Widow Separated Single

4. Home Address _____

5. City _____ State _____ Zip Code _____

6. Email address: _____

7. Child's Birth date _____ 8. Home Phone _____

9. Father's Employment _____ 10. Work Phone _____ 11. Cell Phone _____

12. Mother's Employment _____ 13. Work Phone _____ 14. Cell Phone _____

15. Name of Church if attending _____

16. Public school district residence: (Please check one) SUSD ___ Lincoln USD ___ Lodi USD ___ Other ___

17. To receive family discounts please list names and grades of any other children in your family who are applying for registration at any BCS school _____

18. If a new student to BCS, last school attended? _____ Address: _____

19. Names and phone numbers of people other than parents that may be contacted in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

20. Referred By _____

(Please complete reverse side of form, office will complete below.)

Date Received _____ Time Received _____ Staff Initial _____ A/R # _____

Registration Fee _____ Receipt # _____ Fixed Tuition _____ Start Date _____ 1st Monthly Pmt _____

Enrollment Contract

Registration Fees:

___ Registration Fee = \$250
 ___ Early Registration by March 30, 2018 = \$100

Registration fees are not refundable for any reason unless an opening is UNAVAILABLE. Rejected applications shall receive 50% refund of registration.

Check one:

TUITION RATES

12 month plan saves \$130 off High School annual tuition and \$150 off K-8 tuition. Tuition payments start June 1, 2018

First child: 2nd child:

1st – 8th grade 475 375

9th – 12th grade 510 410

10 month plan starts August 1st, 2018

1st – 8th grade 585 465

9th – 12th grade 625 505

- *No Book Fees*
- *No Lab Fees*
- *No Locker Fees*
- *No Academic Fees*
- *No Technology Fees*
- *No Graduation Fees*

All are provided in your Tuition payment.

Second and additional child tuition rates are only for children in same immediate family and living in the same residence. Tuition is an annual charge to be paid in advance, however may be paid in monthly payments, either through ACH automatic bank withdrawal, or a financing fee of \$20 per month per child will be charged for cash, check or credit card payments. If you choose monthly payments, payments are due on the 1st of each month. At the close of the 10th of each month all past due accounts will receive a 3% late charge. ACH payments will be processed on the 4th of each month. All accounts that have not made their tuition payment by the 18th of the month will be subject to removal from school enrollment. A \$20 service charge will be assessed for any and all returned checks, \$35 for all stopped checks.

Early Withdrawal Policy: Upon registering, a \$500 early withdrawal fee will be charged in addition to any tuition charges due for each student withdrawing for any reason before the end of the 2018-19 school year, June 7, 2019, even if the child never attends. If the 12 month payment plan is chosen, June and July tuition charges will be credited and tuition will be charged in compliance to the 10 month plan. Withdrawals in August will also incur the August tuition charge. Beginning September 1, a credit of ½ month tuition will be applied for withdrawals between the 1st and 15th of the month.

I acknowledge that I have received a student handbook and will support the policies of the school stated therein. No employee, agent or representative of Brookside Christian School has the authority to vary or supplement the terms of this agreement or the application process.

Brookside Christian School admits students of any race, color, creed, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, national and ethnic origin in administration policies, scholarship, tuition assistance, and athletic and other school administered programs.

I understand and agree that continued enrollment of my child(ren) in this school is dependent on my parental support of the school, its staff and its policies.

I HAVE READ AND AGREE TO THE TERMS STATED ABOVE:

_____ Date _____
 Signature of Father/Guardian

_____ Date _____
 Signature of Mother/Guardian

ACH Authorization Form

If you are currently on ACH you do not need to complete another form.

I hereby authorize Brookside Christian Schools (BCS) to initiate debit/credit entries to my account in the entity named below (Bank/Credit Union). This authorization is to remain in full force and effect until agreement is revoked. Any revocation shall not be effective until BCS has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give BCS a reasonable opportunity to act on it. BCS reserves the right to revoke this agreement at any time. Funds are to be available by the fourth day of the month. Any/all Non-Sufficient Funds charged back to the school will result in \$20.00 service fee. Any charge backs may result in revocation of this ACH agreement. Debits are made on the fourth of each month or shortly thereafter in an amount of the full account balance, beginning in the month following the month in which this authorization is received

Parent/Guardian Name (PLEASE PRINT)

School Account Number

Bank/Credit Union Account Holder Name (PLEASE PRINT)

Social Security Number

Bank/Credit Union Name (PLEASE PRINT)

Account Type:

Checking or Savings

Bank/Credit Union Address (PLEASE PRINT)

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Routing Number *

Account Number *

* Numbers on the bottom of your checks:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

Institution Account Holder's Signature

Date

Attach a Cancelled Check here