



# Brookside Christian School

915 Rose Marie Lane  
Stockton, CA 95207

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



## 2019-2020 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 Kindergarten**

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 29<sup>th</sup>, 2019 = \$100

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

## KINDERGARTEN TUITION RATES

- Check One:**  \$395 for 12 month payment option starting June 1, 2019 through May 1, 2020  
 \$475 for 10 month payment option starting August 1, 2019 through May 1, 2020  
 \$550 for Little Learners students attending full time during the summer of 2019 starting June 1, 2019 through May 1, 2020

The above tuition rates reflects that all Kindergarten children are provided a 2<sup>nd</sup> child discount whether a sibling is enrolled or not. Discount is limited to one discount for two children in family enrolled.

Tuition is an annual charge 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. If monthly payments are chosen, monthly payments are due on the 1<sup>st</sup> of each month. At the close of the 10<sup>th</sup> of each month all past due accounts will receive a 3% late charge on remaining balance. All accounts that have not made their tuition payment by the 18<sup>th</sup> of the month will be subject to removal from school enrollment. A \$20 service charge will be assessed for any and all returned checks, and \$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 2019-20 school year, June 3<sup>rd</sup>, 2020, 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 1<sup>st</sup> and 15<sup>th</sup> 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 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:

\_\_\_\_\_  
Signature of Father/Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Guardian Date \_\_\_\_\_

Full extended care for only \$100 per month! Ask for an afterschool child care form.

# 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