



Willamette Christian School

P.O. Box 22108 ☞ Eugene, OR 97402 ☞ 541-686-8655
wcoffice@willamettechristiancenter.com
www.willamettechristianschool.com

New Student Enrollment Checklist Grades Kindergarten through 5

Please use this checklist to guide you through the Enrollment Process:

The following documents must be submitted before enrollment can be finalized:

- _____ New Student Application (*one per student*)
- _____ Student Health Form (*one per student*)
- _____ Personal Reference Form (*grades 4 and 5 only*)
- _____ Current School Reference Form
- _____ A copy of the most recent report card
- _____ A copy of the most recent standardized testing results
- _____ Copy of Student's Birth Certificate
- _____ Copy of Student's Immunization Record
- _____ Tuition Contract
- _____ Automatic Tuition Payment Agreement (*optional*)
- _____ \$100 New Student Fee (*non-refundable*)
- _____ \$175 Registration Fee (*non-refundable*) **Kindergarten**
- _____ \$325 Registration Fee (*non-refundable*) **1st – 8th Grades**

Mail or bring all paperwork along with your fees to the school office.

Upon receiving all the application forms, the parents/guardians will be contacted to set-up a student evaluation. Following the evaluation, an appointment will be scheduled for an interview with the School Administrator. The interview is the last step in the enrollment process; once it is complete, the office will notify you of acceptance.

Enrollment is not complete, nor is the student's class place secured, until the completion of all forms and all applicable fees have been paid.



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Admissions Policy

Willamette Christian School sets high standards for its students and encourages them to succeed spiritually, academically, and physically. Acceptance of the student is based in part on a personal interview with parents, results of testing and/or recommendations concerning character, attitude and general promise. It is our hope that as each family strives for excellence in education, the Christian influence will have a positive and eternal effect upon their lives.

When the placement evaluation has been completed, a personal interview with a school administrator will be scheduled. This meeting is the final step in finalizing admittance to the school. At the time of the interview, any available document that helps in proper placement of the child should be presented. These documents could include transcripts, current and one year-old report cards, written evaluations, representative sampling of student's work and any other documents that may be helpful.

Once a class is filled, those desiring admission may place their name on one of two waiting lists. Families that have completed the application package and paid their fees will be placed on the priority waiting list and called first as space becomes available.

- **Priority List:** Anyone desiring to be placed on this list must complete the application package and pay all fees. Applicants on this list are contacted first as space becomes available. If no space becomes available, upon request, fees will be refunded and the students name removed from the priority waiting list.
- **Waiting List:** Anyone desiring to have admission to WCS may have their name and phone number placed on this list. This list is referred to after the priority list has been exhausted.

Willamette Christian School reserves the right to refuse admission to students and families not meeting the Philosophical, Academic, or Behavioral standards of the school.

NON-DISCRIMINATORY POLICY

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.



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New Student Application

Today's Date: _____

Student's Last Name _____ First Name _____ Middle Name _____ Nickname _____

____/____/____ Date of Birth _____ Birthplace _____ Current age: (years and months) _____

Home phone _____ Cell phone _____ Email _____

Home address _____ City/State/ Zip Code _____

Gender: Male Female Grade applying for: _____ United States Citizen? Yes No

Ethnicity: Anglo Asian Bi-Racial Hispanic Native American Other

Is English the student's first language? Yes No If not, what is the first language? _____

Please list names of immediate family members who are or have attended WCS: _____

I authorize my student's name, address & phone number to be listed in the student directory Yes No Initial: _____
Students may be filmed, videotaped, or photographed by a WCS employee or contract service professional. Your admission to WCS serves as permission for use of your student's image by WCS and its constituents.

Family Information:

Family's faith denomination: _____ Church attended: _____

Marital status: Married Divorced* Remarried Widowed Separated* Single

***If divorced or separated please attach proof of Guardianship.**

The student applying lives with: Father/Guardian Mother/Guardian Both

Who has legal custody of this child? Father/Guardian Mother/Guardian Both

If parents are divorced or separated, to whom should correspondence be sent?
 Father/Guardian Mother/Guardian Both Other (specify) _____

Who is financially responsible for this child? _____

Father/Guardian:
Name _____

Address (if different): _____

Employer: _____

Job Title: _____

Email _____ Date of Birth ____/____/____

Cell phone _____ Work phone _____

Mother/Guardian:
Name _____

Address (if different): _____

Employer: _____

Job Title: _____

Email _____ Date of Birth ____/____/____

Cell phone _____ Work phone _____

How did you hear about Willamette Christian School? _____



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Student Academic History

Please list the last school your student has attended: *(name, city, state)* _____

Has your student had any academic challenges in school? If so, briefly explain. If applicable, include any information about having to repeat any grades or academic probation.

Has there been an IEP written for your student or any testing or formal academic or behavioral evaluation done? (Attach a copy of the IEP)

Has your child had any disciplinary difficulty in school? Yes No If so, briefly explain.

Has the student ever been suspended or expelled from school? Yes No If so, briefly explain. _____

Emergency Information

In the event of an emergency or if you student needs to be picked up from school, Willamette Christian School will contact one of the following people based on the order in which they are listed.

	<u>Name</u>	<u>Relationship</u>	<u>Home Phone No.</u>	<u>Work Phone No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

People authorized only to pick up children (in addition to those listed above):

	<u>Name</u>	<u>Relationship</u>	<u>Home Phone No.</u>	<u>Work Phone No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

With this application I am enclosing the nonrefundable registration fee and the nonrefundable curriculum fee.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Non-Discriminatory Policy:

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.



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Student Health Form

Today's Date _____

This information will enable us to be aware of any health-related concerns or emergencies that may arise. This is kept confidential in your child's cumulative health folder for professional use only.

Student's full name: _____ Grade in school: _____ Date of Birth: _____

Medical Treatment Release

In the event of an emergency and I am unavailable, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation in an ambulance to the nearest hospital or treatment facility. I authorize the physician and/or dentist named above to undertake such care as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to bear all costs incurred.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

May Tylenol (or equivalent brand of Acetaminophen) be given to the student if needed? Yes No

Please Initial _____

Medical Service Information

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Insurance information:

Does your student have medical insurance coverage? Yes No

Insurance Company: _____ Membership No. _____ Group No. _____

Primary insured: _____ Primary Insured's Membership No. _____

Does your student have dental insurance coverage? Yes No

Insurance Company: _____ Membership No. _____ Group No. _____

Primary insured: _____ Primary Insured's Membership No. _____

In the event of emergency transport, your student will be taken to River Bend Hospital in Springfield, OR unless otherwise directed by emergency personnel.

General Information:

Student's blood type _____

Current medications taken (list both prescription & nonprescription medications including vitamins/herbs):

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No

Drug name _____ Dose _____ Administered at school? Yes No



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Does your student:

- Wear glasses? Yes No Contacts? Yes No
 Have hearing loss? Yes No Use hearing aids? Yes No
 Have a history of: Asthma Bee Sting Allergy Diabetes Epilepsy Heart Condition

Please enter date or age of occurrence or diagnosis for the following:

Measles _____ German measles _____ Chicken Pox _____
 Mumps _____ Neurological Problems _____ TB Contact _____
 Scarlet Fever _____ Orthopedic Problems _____ Convulsive Disorder _____
 Serious Injury _____ Frequent Headaches _____ Other _____

Does your student have any allergies? **(Please be specific, if none, write "none".)** _____

Are there any medical conditions that would limit your child's normal school activities? Yes No

If yes, explain: _____

Emotional/Psychological Information

Has your student experience a recent, significant loss of a loved one? (Parent, sibling, grandparent, friend, pet, divorce, etc.)

Yes No

Does your student have problems with temper tantrums or emotional outbursts? Yes No

Does your student show signs of hyperactivity or attention difficulties? Yes No

Has your student been diagnosed with an attention deficit disorder? Yes No, if so: which? ADD ADHD

Other

Please note an additional comments or concerns you would like us to know about your student's health:



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Annual Parent Commitment

Today's Date _____

Students Name _____ Grade _____ Students Name _____ Grade _____

Each Parent or Legal Guardian Must Read and Initial Each Paragraph

We understand and agree that it is a privilege to attend Willamette Christian School and therefore we will uphold the school with a positive attitude and our prayers.

_____ We place our trust in Willamette Christian School, its administration, faculty, and staff and will work together in a spirit of unity between the school and home.

_____ We promise to encourage obedience to the rules and policies of the school and to foster an attitude of respect for the Christian culture and life which are maintained at Willamette Christian School.

_____ We pledge to support the school administration and teaching staff in decisions made in the education of our student.

_____ We promise to promote a positive view regarding the school program to all we converse with and to address the appropriate school personnel with any concerns we may have throughout the school year.

Spiritual and School Philosophy

_____ We understand and agree that our child will be taught to worship one God – Father, Son, and Holy Spirit; and to honor the Bible, as God's only written word. Our child will be taught that the God of the Bible is a personal God and that through Christ's death and resurrection one can have a personal relationship with Him. We understand that the school will accept students of varying religious backgrounds, but that all students must comply with all behavior, dress, and spiritual requirements as established from time to time by the school administration and board.

_____ We have read and agree with the school's Statements of Faith and Philosophy. We will give active support to the school program in every way possible, and make a sincere effort to attend and participate in school functions.

Conduct and Standards

_____ We agree to accept and support all rules and regulations of Willamette Christian School and authorize the school to administer the disciplinary methods stated in the school handbook. We understand the standards of the school will not tolerate profanity, obscenity in word or actions, or any type of action or harassment from students or parents that are deemed disrespectful or harmful to school staff or students. We understand that parents who behave in this manner to a staff member will be asked to leave the campus and may be banned from the campus.

_____ We will expect our child to comply with school regulations. We will withdraw our child or accept the school's right to dismiss them, if we become unable to support these policies, procedures, and rules. We realize that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process of the school.



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_____ We understand that damage to school property by the student due to willful or negligent means will be directly charged to my account.

_____ We give our permission for our child to take part in all regular school-day activities, including school-sponsored trips. We release the school from liability because of any injury at school or during any school-associated activity.

Tuition Payment Policies

_____ We have read and will abide by the school's policies in regard to tuition payments, attendance policies, withdrawal policies and policies regarding refunds and / or non-refundable fees.

Dispute and Reconciliation

_____ We understand that expectations and perceptions may, at times, come into conflict. In Christian relationships the priority of love should direct all our actions as a reflection of the loving submission of Christ to the Father. The way we resolve conflicts and perceive offenses will demonstrate the reality of Christ to a watching secular society. (John 13:34-35).

The school has specific requirements for all aspects of conflict resolution, including (but not limited to) student to student conflict, student to teacher conflict, parent to teacher or parent to parent conflict. We acknowledge our requirement to follow the procedures as outlined in the School Handbook.

Medical Release

_____ We, the parents/guardians, authorize Willamette Christian School to call emergency service (911) in case of an accident and to arrange for an emergency medical care doctor in case the parent is not immediately available. Any physician called by Willamette Christian School, paramedics, or hospital emergency service may treat and/or take necessary measures for the health and well being of the child. It is understood that a conscientious effort will be made to notify the parents before such action will be taken.

_____ We, the parent/guardian, will accept responsibility for the cost of any medical service, physician, or hospital care.

_____ We understand the school's insurance is secondary to parent insurance for school related accidents.

Signatures

We acknowledge by signing this agreement, it is for a limited duration; and that all rights and privileges herein terminate upon the expiration date of the academic year applied for, unless terminated sooner. We understand that we are responsible for all financial obligations, as set forth in the schools financial policies.

The signature of both parents/guardians is required unless a court has appointed legal custody to only one.

Parent /Legal Guardian _____ Date _____

Parent /Legal Guardian _____ Date _____



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Code of Conduct Commitment Form

Today's Date _____ Student Name _____ Grade _____

We believe it is important to affirm our partnership, family and school, in providing the best possible educational environment for your student. Parents are to discuss this document and the expectations listed with their student. This form must be signed and dated before the student will be allowed to attend classes.

Code of Conduct

Individual behavior is a vital aspect of school life, based on a sense of personal responsibility and having respect for others. Students at Willamette must be willing to conduct themselves with a spirit of cooperation, courtesy, and consideration of others.

Students at Willamette must:

- Generally have a positive attitude toward teachers, peers, and all school staff & volunteers.
- Practice cheerful obedience to all in authority.
- Arrive on time to school and all classes.
- Bring required materials to school each day and to each class throughout the day (Middle School).
- Complete all assignments and expected tasks.
- Be respectful to others in and out of the classroom.
- Be truthful and honest in all behavior.
- Be respectful of individual, school, and church property.
- Use appropriate language at all times.
- Follow all school rules and regulations.

Willamette expects full cooperation from both student and parent in the education process. Lack of student or parent cooperation may result in permanent dismissal. When misconduct occurs, corrective measures that are appropriate to the student's age level will be used to help the student change the behavior.

I have read the rules stated above, understand my responsibility and will ensure my students adherence to the rules.

Parent signature Date

Parent signature Date

I have read the rules stated above and have discussed them with my parents.
(Only third through eighth grade students need to sign).

Student's signature Grade



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School Reference Form, Grades 1 through 5

TO THE PARENT OR LEGAL GUARDIAN: Please complete the release of information authorization portion only. Then submit this form to your student's current teacher, principal, or counselor to complete and return by mail.

I hereby waive access to this form and I understand it shall remain confidential: Yes No

Signature of Parent or Legal Guardian

Date

RELEASE OF INFORMATION AUTHORIZATION:

I, the parent/guardian, authorize you to release information requested by Willamette Christian School regarding:

Student's Name _____ Birthdate _____ Grade _____

Signature: Parent/Legal Guardian _____ Phone _____ Date _____

TO THE SCHOOL THE STUDENT IS PRESENTLY ATTENDING: The above student is applying to Willamette Christian School. We would appreciate the following information on the prospective student. Information given will be treated in a confidential manner. Please mail or fax to the address at your earliest convenience. Thank You!

Admissions / Willamette Christian School

PO Box 22108
Eugene OR 97402
Fax # (541) 686-8747

TO BE COMPLETED BY A TEACHER, PRINCIPAL, OR COUNSELOR:

Name of School _____ Number of years in your school _____

School Address: _____

Attendance (circle one): Good Average Poor Please Comment, if poor _____

Achievement test data (most recent) Name of test: _____

Grade level equivalent in: _____ Reading _____ Language _____ Math

Percentile in: _____ Reading _____ Language _____ Math

Has this student ever received special services? (Circle one) Yes No

If so, briefly explain _____

Work habits _____ Social adjustment _____

Has the student ever been suspended or expelled from school? (Circle one) Yes No

If so, briefly explain _____

Has the student had any disciplinary difficulty in school? (Circle one) Yes No

If so, briefly explain _____

Form completed by: (printed name) _____ (signature) _____

Title _____ Phone number with extension _____



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Personal Reference Form For Students Applying to Grades 4 through 8

This section to be completed by applicant:

Today's Date: _____ Student's Name: _____

Phone: _____ Age: _____ Grade Entering: _____

I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will, or will not, have the right of access to read this Personal Reference Form. I hereby waive access to this form and I understand it shall remain confidential and that I will not have access to read it.

 Signature of Parent or Legal Guardian

 Date

The above named student has applied for admission to Willamette Christian School. In order to make an intelligent selection of students and to help them adequately, we must learn as much as possible about them before they come to us. Answer only those questions about which you have knowledge. The information which you give will be kept in strict confidence. **Please mail this form directly to Willamette Christian School at PO Box 22108, Eugene, OR 97402.** Thank you.

Please check the following personal characteristics by the adjectives most nearly describing the applicant:

How well do you know this candidate?	<input type="checkbox"/> Considerable personal contact	<input type="checkbox"/> Occasional contact	<input type="checkbox"/> From record only
CHARACTER <i>To what extent is their character to be relied upon?</i>	<input type="checkbox"/> Completely trustworthy	<input type="checkbox"/> Dependable	<input type="checkbox"/> Attempts minor deceptions
	<input type="checkbox"/> Occasionally needs watching	<input type="checkbox"/> Often dubious	<input type="checkbox"/> Not known
INDUSTRY <i>Does he/she give his/her best effort and show determination in face of difficulty?</i>	<input type="checkbox"/> Consistent hard worker	<input type="checkbox"/> Industrious	<input type="checkbox"/> Average
	<input type="checkbox"/> Takes things easy	<input type="checkbox"/> Easily discouraged	<input type="checkbox"/> Not known
COURTESY	<input type="checkbox"/> Considerate	<input type="checkbox"/> Mannerly	<input type="checkbox"/> Usually polite
	<input type="checkbox"/> Often negligent	<input type="checkbox"/> Rough and uncouth	<input type="checkbox"/> Not known
SOCIABILITY	<input type="checkbox"/> Extroverted and gregarious	<input type="checkbox"/> Open and friendly	<input type="checkbox"/> Reserved but approachable
	<input type="checkbox"/> Shy and introverted	<input type="checkbox"/> Sullen, unsociable	<input type="checkbox"/> Not known
RELATION TO PARENTS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very few problems	<input type="checkbox"/> Some problems
	<input type="checkbox"/> Many problems	<input type="checkbox"/> Serious problems	<input type="checkbox"/> Not known
MORAL STANDARDS	<input type="checkbox"/> Wholesome	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable
	<input type="checkbox"/> Questionable	<input type="checkbox"/> Poor	<input type="checkbox"/> Not known

List specifics which might help evaluate applicant's attitudes: _____



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Tuition Contract for New Students grades Kindergarten through 8

Required Fees

All fees are per student and non-refundable

- ◆ Enrollment fee, Kindergarten \$175.00
- ◆ Enrollment fee, 1st -8th grades \$325.00
- ◆ New Student Fee K-8th \$100.00

Annual Tuition

	<u>1st Student</u>	<u>2nd Student</u>	<u>3rd Student</u>
◆ Kindergarten half day program	\$3,200.00	\$2,880.00	\$2,720.00
◆ Kindergarten full day program	\$4,830.00	\$4,350.00	\$4,105.00
◆ 1st through 5th Grade	\$5,090.00	\$4,580.00	\$4,325.00
◆ 6th through 8th Grade	\$5,670.00	\$5,100.00	\$4,820.00

Payment Options

Tuition is based on the annual school calendar and is due in full prior to the first day of school. As help to families, the school offers payment plans for an additional fee. Please select your payment method below:

- Payment in full: Discounts are offered for payments made with cash or check only, *if paid on or before June 1, 2012 a 2% discount will be applied.*

Billing Options: a 5% billing fee will be added to the contract total:

- 10 Monthly payments: August 2012 through May 2013
 12 Monthly payments: July 2012 through June 2013

Electronic Fund Transfer Options: a 2% billing fee will be added to the contract total:

- 10 Payments, automatically withdrawn from your account: August 2012 through May 2013
 12 Payments, automatically withdrawn from your account: July 2012 through June 2013

Enrollment

List the students to be enrolled, begin with the oldest child:

Student Name _____ Grade _____ Annual Tuition _____

Student Name _____ Grade _____ Annual Tuition _____

Student Name _____ Grade _____ Annual Tuition _____

Other Services:

After Hours / No School Day Care Program:

Care is available for students in Kindergarten through age 12 on most school days until 6:00. This service is provided by Eugene Creative Care. Information and registration forms are available in the school office.

Lunch and Beverage:

Hot lunch and beverage tickets may be purchased daily or in packets of 10. Salad bar is available for students in grades 6-8. A lunch menu is published monthly. The school follows USDA guidelines for healthy eating. Meal and beverage tickets are not transferable from one school year to the next. Lunch fees are as follows:

Kindergarten—4th Grade	\$3.25 per day
5th Grade—8th Grade	\$4.00 per day
Salad Bar, 6th—8th Grade	\$3.00 per day
Beverage only	\$1.00 per day

Payments

Tuition is due in full at the beginning of the academic year. To assist families, several payment plans are offered:

Annual Payment Plan

- ♦ If the annual tuition contract is paid in full on or before June 1st, a 2% discount will be given and the billing fee will be waived. Discounts are offered for payments made with cash or check only.
- ♦ If the annual tuition contract is paid in full on or before July 31st the billing fee will be waived.

Monthly Payment Plan

- ♦ Tuition contracts may be paid on a monthly basis with either a 10 month or 12 month agreement; a billing fee of 5% will be added to the total contract. A late fee of \$25 will be assessed if the monthly payment is not received by the due date. A 10 month agreement is billed August through May. A 12 month agreement is billed July through June.
- ♦ If the monthly payment is automatically withdrawn from your bank account the billing fee will be reduced to 2%. An Automatic Tuition Payment Agreement Form must be completed to authorize this option.
- ♦ Late enrollment will result in an altered billing plan.

Visa, MasterCard, Debit transactions

Tuition, enrollment fees and other school charges over \$25, may be paid by Visa, MasterCard, or Debit card.

Billing Process and Payment Policy:

1 st of the month:	Statements are mailed.
10 th of the month:	All payments are due.
After the 10 th of the month:	A late fee of \$25 will be assessed.
20 th of the month:	A withdrawal notice will be sent. The student(s) will not be allowed to return to school after the 1 st day of the next month until the account is paid in full.

Returned Check Fee:

A fee of \$35 will be assessed for all payments returned from the bank. Cash or money order will be required after the second returned payment.

Withdrawal Information and Refund Policy:

- ♦ Once the enrollment process is complete (forms and fees submitted, evaluation and interview complete) a written notice is required 30 days in advance of intention to withdraw a child from school. If 30 days notice is not given, the responsible party will be charged for thirty days following the date of the child's withdrawal regardless of attendance on those days.
- ♦ Summer refunds: (withdrawal in June, July or August for the school year beginning the following September) Application fees, Registration fees and Curriculum fees are non-refundable. A 10% withdrawal fee will be collected from any tuition paid prior to a refund being issued.
- ♦ Once the school year begins, Application fees, Registration fees, and Curriculum fees are non-refundable. Tuition is pro-rated on a daily basis in accordance to the signed tuition contract. A withdrawal fee of 10% of the tuition due at the calculated withdrawal date will be added to the account.
- ♦ There will be no tuition deductions or allowances made for those days on which the school is closed due to holidays, vacations, teacher work days, or closure due to weather conditions. No deduction or allowances will be made for absences from school except in the case of severe illness or hospitalization, subject to School Administrator approval.

Parent Pledge

I promise to encourage obedience to the rules and policies of the school and to foster an attitude of respect for the Christian culture and life which are maintained at Willamette Christian School. I pledge to support the school administration and teaching staff in decisions made in the education of my student. I promise to promote a positive view regarding the school program to all I converse with and to address the appropriate school personnel with any concerns I may have throughout the school year.

I have carefully read the rules for enrollment and do agree to comply with all terms and regulations expressed in the Willamette Christian School Parent/Student Handbook and to be bound by the school to pay all tuition and fees required in accordance with the financial policy of the school: **Each monthly installment is due in full on the tenth (10th) day of each month and any remaining balance is subject to a late fee of \$25.00. Willamette Christian School policy states that accounts which have become thirty (30) days past due shall result in the student(s) dismissal.** I understand that I will be assessed a fee of \$35.00 for any personal checks issued by me which are returned from the bank for insufficient funds. I also understand that if any two (2) of my personal checks are returned due to insufficient funds I will be required to make all future payments with cash, cashier's check or certified funds.

I understand that once the enrollment process is complete (forms and fees submitted, evaluation and interview complete) a written notice is required 30 days in advance of intention to withdraw a child from school. If 30 days notice is not given, I will be subject to the withdrawal and refund policies listed on the fee schedule. _____ Initial

Willamette Christian School admits students of applicable age, regardless of sex, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Willamette Christian School Statement of Faith.

Note: Both parents/guardians must sign this agreement if both are listed as "financially responsible" on the registration form.

Parent/Guardian Signature	Social Security No. (required)	Driver's License No. (required)	Date
Parent/Guardian Signature	Social Security No. (required)	Driver's License No. (required)	Date

Tuition Payment Calculation

Total annual tuition (from front page)	\$ _____
Contract adjustments (check ONE to calculate final tuition amount):	
<input type="checkbox"/> Payment in full (cash or check) by 06/01/2012, 2% discount amount	\$ _____
<input type="checkbox"/> Payment in full by 07/31/2012, no discount or billing fee	\$ <u>0.00</u>
<input type="checkbox"/> Monthly payments, add 5% billing fee	\$ _____
<input type="checkbox"/> Electronic fund transfer, add 2% billing fee	\$ _____
Final annual tuition calculation	\$ _____
Monthly payment amount, 10 month plan	\$ _____
Monthly payment amount, 12 month plan	\$ _____

For Office Use Only:						
Application fee paid	Yes	No	N/A	check no. _____	amount _____	date _____
Registration fee paid	Yes	No	N/A	check no. _____	amount _____	date _____
Curriculum fee paid	Yes	No	N/A	check no. _____	amount _____	date _____
Employee	Yes	No	N/A	discount % _____	discount amount _____	
Minister	Yes	No	N/A	discount % _____	discount amount _____	
<input type="checkbox"/> Excel <input type="checkbox"/> RC <input type="checkbox"/> Siuslaw				Adjusted tuition amount _____		



Willamette Christian School

Electronic Transfer Payment Agreement

Name(s) as listed on account _____

Bank Name _____

Checking Account Number, attach a voided check _____

Monthly withdrawal amount—withdrawal will occur on the 10th day of each month:

Initial the payments below to authorize the withdrawal from your account:

_____ Monthly Preschool Tuition—September through June	\$ _____
_____ Monthly Preschool Tuition—Summer Program	\$ _____
_____ Monthly School Tuition—10 Months—August through May	\$ _____
_____ Monthly School Tuition—12 Months—July through June	\$ _____

The signatures below authorize Willamette Christian School to initiate a monthly electronic fund transfer from the bank and account noted above for the payment of school charges as noted. This form grants authorization and makes the request to said bank to accept any debit entries initiated by Willamette Christian School. A monthly statement will be mailed reflecting the total charges and the resulting banking withdrawal. By signing below, acknowledgement is given that the financially responsible party must contact the school by the 5th day of the month to make payment arrangements in the event the withdrawal amount is to be changed for that month. This agreement may be terminated at any time by the submission of notice in writing to Willamette Christian School. Should the agreement be terminated, acknowledgement is given that any unpaid balance for fees or tuition will become due and payable immediately in accordance with the established payment policies.

Signed _____ Date _____

Signed _____ Date _____