



Anthem Christian School 2024-2025 Enrollment Agreement

345 East Alvin Drive
Salinas, CA 93906
Telephone: (831) 449-0140

Parent/Guardian _____ Telephone Number _____

Address _____
Street City State Zip Code

E-Mail Address for Billing _____

This contract must be correctly completed, signed, and returned as part of the enrollment process. Please verify all amounts using the Tuition and Fee Schedule. If your child(ren) will be attending before or after school care and you wish to pay in full or on the annual payment plan, please complete the appropriate daycare column. All hourly daycare charges will be automatically deducted for parents who are enrolled in the automatic payment plan based on time spent in daycare. A week prior to the due date you will be e-mailed an invoice. The automatic deduction/payment for daycare will due on the 15th of every month. If you have any questions, please contact the office at (831) 449-0140.

Student Information	Enrollment Fees	Building Use Fee	Tuition	Extended Care	Monthly Payments
Name Grade					Tuition/Building Use Fee/Extended Care Total \$ _____ ÷ _____ months = \$ _____ per month beginning on _____.
Name Grade			15% Discount		Tuition/Building Use Fee/Extended Care Total \$ _____ ÷ _____ months = \$ _____ per month beginning on _____.

- I have read and fully understand Anthem Christian School's financial policies as stated in the Parent/Student Handbook. I understand that I am morally and financially obligated to maintain enrollment for the complete school year. I understand that the Enrollment Fees are nonrefundable and that all building use fees and tuition payments must be made by the due date and that a late fee of \$75.00 will be assessed after the due date. An additional \$25.00 will be added to all insufficient funds transactions.
- I have fully read, understand, and agree to abide by Anthem Christian School's policies as stated in the Parent/Student Handbook. If a dispute arises, I agree to resolve the dispute according to the policy.
- I am financially responsible for the above listed student(s) accounts. I agree to follow the financial policies of Anthem Christian School. I pledge to pay my financial obligations to Anthem Christian School by the due date.
 - We/I understand that the registration fee is non-refundable. _____ (Initials), _____ (Initials)
 - First Grading Term withdrawal date will be 7/01/2024, we/I understand that the tuition for that quarter is non-refundable after this date. _____ (initials), _____ (initials)
 - Second Grading Term withdrawal date will be 10/18/2024, we/I understand that the tuition for that quarter is non-refundable after this date. _____ (initials), _____ (initials)
 - Third Grading Term withdrawal date will be 01/31/2025 we/I understand that the tuition for that quarter is non-refundable after this date. _____ (initials), _____ (initials)
- I authorize the school to charge my Curacubby account in accordance to the terms of this Financial Agreement.
- I acknowledge that once enrolled, my child will stay enrolled through 8th grade unless Anthem Christian School is notified otherwise.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

ACS Administration Date

Payments Received in ACS Office			
Date	Check #	Amount	Staff
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____