

WESTBROOK CHRISTIAN SCHOOL

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

**NEW STUDENT REGISTRATION FORM
2017/2018 ACADEMIC YEAR**

Parents: _____
Address: _____

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

Name of Student(s): _____ Grade entering for Fall 2017: _____

2017/2018 TUITION CHARGES:

		Registration Fee*	Tuition	Tuition Deposit	Tuition Balance	Monthly Tuition Pmt
3K/4K	3-Day Program	\$275	\$2,052		\$2,052	\$171
3K/4K	5-Day Program	\$275	\$2,928		\$2,928	\$244
5K	5-Day Full Day Program	\$275	\$3,840		\$3,840	\$320
1 st – 5 th		\$400*	\$4,476		\$4,476	\$373
6 th		\$400*	\$4,476	(\$600)	\$3,876	\$323
7 th -12 th		\$400*	\$5,412	(\$600)	\$4,812	\$401

*All students grades 1-12 registered by May 26, 2017 can take a discount of \$100 off the Registration Fee.

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, 2017)**
- _____ **Bank Draft (See Business Office for Authorization which must accompany this form)**

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:	_____	_____	_____