

Office Use Only

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Shelby ID: _____

Registration/Tuition Contract 2012-2013

Date: _____

#1 Responsible Party (Person Paying Tuition) **Required**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Relationship to Student: _____

#2 Responsible Party (Person Paying Tuition) **Required**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Relationship to Student: _____

Family Information (If same as above, write same)

Father's Name: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Mother's Name: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Student Information

Student Name	Date of Birth	Grade August 2012	Tuition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Total Tuition for 2012/2013 _____

Payment Options

Choose One (divide the total tuition price according to the following schedule)

Payment in full – Due July 1st _____

Please Circle Date(s)

Semi-Annual – Due (6/20 or 7/5) and (12/20 or 1/5) ÷ 2 = _____

Quarterly – Due (6/20 or 7/5), (9/20 or 10/5), (12/20 or 1/5), (3/20 or 4/5) ÷ 4 = _____

Please Circle Date

Monthly – Due the 5th or 20th of each month starting 6/20 or 7/5 ÷ 12 = _____

Check One

ACH – Payment _____

Cash or Check – Payment _____

Credit Card – plus CV fee min. 3.75% _____

Total Payment Obligation _____

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Pastor's Reference

Statement of Faith

Parent Commitment

Registration Fee

Date _____

Terms and Conditions

Tuition is an ANNUAL fee. The financial obligation to pay the fees for the full year is unconditional. **No portion of fees paid is refundable.** If you have chosen a payment plan, you are obligated to make full payment for the academic year under the terms of this contract regardless of absences, withdrawal, or dismissal from the school. I am aware that while signing this tuition contract, the total contract figure is not all inclusive. I agree to these terms. **Initial** _____

We encourage you to be a faithful steward of the responsibility that God has entrusted to you. Should you, during the term of our agreement, find it difficult to comply for any reason, please contact us as soon as possible so that we might discuss the problem openly and honestly. The previously mentioned fees are those which are standard and customary for all students. In an effort to offer a variety of extracurricular programs, it becomes necessary to charge additional fees accordingly. Please see the **Schedule of Fees** for a list of charges.

Other Costs: Parents should anticipate additional costs for books, special instructional supplies, locks, and expenses relating to outdoor education, sports, field trips, camp, class pictures, graduation and special events. Class fees and band fees are not included in tuition and will be billed as additional fees. **Initial** _____

Late Fees: A \$25.00 fee will be assessed to your account **on the 5th day** after the scheduled payment was due to be paid. This fee and any outstanding balance will be re-drawn on the next scheduled CMCS ACH draw on the 5th or 20th of the month.

Insufficient Fund Fee: A \$25.00 NSF fee will be charged to your account for any ACH, check or credit card that is reported to have insufficient funds; for a closed account; and if authorization is revoked. This fee will be due or re-drawn from your account on the next scheduled CMCS ACH draw on the 5th or 20th of the month. **Initial** _____

I have read, understand, and agree to the above statements.

#1 Responsible Party Full Signature _____ Date _____

This signature must be that of the person responsible for tuition payments.

#2 Responsible Party Full Signature _____ Date _____

This signature must be that of the person responsible for tuition payments.

School Official Signature _____ Date _____

Banking Information

Circle One:

Checking Account

Savings Account

**Attach Voided
Check for ACH**

A voided check must be attached to complete Contract

Credit Card Information

Name as it appears on card _____

Billing Address _____

City _____ State _____ Zip Code _____

Type of Card (circle one) Visa Discover American Xpress Master Card

Card Number _____ Expiration _____ 3 or 4 digit code number _____

Tuition Amount \$ _____ + CV fee @ 3.75 = \$ _____ Total

Banking and Credit Card Agreement

I have provided Calvary Murrieta Christian Schools with the above banking or credit card information. If I should choose to make any changes, I will notify Calvary Murrieta Christian Schools by providing a request in writing **two weeks prior** to change needed. **Any changes to banking or credit card information needs to be given to the CMCS Accounting Office 2 weeks prior to the Tuition due date.** If my bank or credit card company sends notice of insufficient funds, closed account or revoked, I am aware that there will be ****Extra Fees**** plus the monthly payment drawn from my account on the next CMCS ACH or credit card scheduled draw on the 5th or 20th of the month. By signing this agreement, I guarantee that I am an authorized signer on the account provided. I hereby agree to be the Responsible Party. I hereby accept and agree to be bound by the terms and conditions contained within this agreement. If applicable, I authorize CMCS to initiate any ***ancillary** debit or charge entries to the account provided, or any subsequent account.

Responsible Party Signature _____ Date _____

School Official Signature _____ Date _____

* Ancillary Fees include but are not limited to: Class Fees

****Extra Fees NSF =\$25; Late Fee=\$25; Changes=\$25**

Media Waiver and Release 2012/2013

I consent to my child being photographed, interviewed and/or videotaped by representatives of Calvary Murrieta Christian School (CMCS) and media outlets (newspaper, T.V., radio stations, etc.). Calvary Murrieta Christian School uses photos of children in congregational publications to share information about Calvary Murrieta. Any information or images obtained from those activities may be reproduced by Calvary Murrieta Christian School and/or the public media for use in advertising, publicity or educational activities, including but not limited to the Calvary Murrieta websites, advertisements, yearbooks, social medias, publications, videos, posters, banners, bulletin boards, print and television news. The full name of your child will not be disclosed in any materials without further approval.

**I hereby waive any claims I may have, and release CMCS and its representatives
from liability of claims arising out of such activities.**

_____ Yes, my child may be photographed, interviewed or videotaped for media use.

_____ No, my child may not be photographed, interviewed or videotaped for media use.

Names and Ages of Children attending Calvary Murrieta Christian School

Name	Grade	Age
1.		
2.		
3.		
4.		

Verification:

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

X _____
SIGNATURE of Parent/Guardian PRINT Name of Parent Date

X _____
SIGNATURE of Student if student is 18 years old Date