



2020-2021 Enrollment

Student Name _____ Grade Entering _____

Street Address	City	Zip	Home Phone
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Family Email Address _____

Father

Name	Cell Number	Work Number
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Mother

Name	Cell Number	Work Number
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2020-2021 Tuition Rates

Grade	Registration Fee	Registration If Paid Before May 22.	Books	Yearly Tuition	Monthly Payment (12 months)	Aftercare 3:00-5:30
K2 (Full Day Program)	\$300.00	\$200.00	\$75.00	\$3200.00	\$266.67	\$9 day
K3 (Full Day Program)	\$300.00	\$200.00	\$75.00	\$2880.00	\$240.00	\$9 day
K4 (Full Day Program)	\$300.00	\$200.00	\$150.00	\$2880.00	\$240.00	\$9 day
K5 Full day	\$300.00	\$200.00	\$200.00	\$3,900.00	\$325.00	\$9 day
1st Grade	\$350.00	\$250.00	\$300.00	\$4,200.00	\$350.00	\$9 day
2nd - 6th Grade	\$350.00	\$250.00	\$300.00	\$4,560.00	\$380.00	\$9 day
7th - 12th Grade	\$350.00	\$250.00	\$300.00	\$4,800.00	\$400.00	Not Available

****\$400 athletic fee for all students that play athletics to be paid to the athletic department by December 11, 2020.

Payment Plans

(Please initial the plan you choose)
No other arrangements are available

_____ Single Payment.

_____ Monthly Auto Pay (a \$50 setup fee will be added to the first month tuition) June 1 - May 31st

_____ Monthly Post-Dated Checks (12 postdated checks must be turned in with this form) June 1 - May 31st

*****The Back of this form must be filled out and signed

Financial Contract for 2020-2021 School Year

(Please read carefully and have person responsible for the account initial and sign the bottom)

_____ 1. I understand that the enrollment must be paid to ensure that my child will have a position at Coosa Christian School for the 2020-2021 school year.

_____ 2. I understand that the enrollment/re-enrollment fee is not refundable unless my child is denied admission to Coosa Christian School.

_____ 3. I am aware that if my child plays athletics at Coosa Christian School (grades 7-12 only) there is an athletic fee of \$400 that must be paid to the athletic department. Payments can be made towards the amount, but the fee must be paid in full by December 11, 2020.

_____ 4. I understand that upon signing this contract, should my child be accepted for enrollment at Coosa Christian School for 2020-2021 school year, I am obligated to pay for the full annual tuition because Coosa Christian School must in turn make financial obligations for salaries, services and products based on my intention.

_____ 5. I understand that tuition is billed as a yearly amount. Coosa Christian is allowing me the option to pay over a 12-month period. If my account becomes delinquent at any time I am aware that a late fee of \$18 will be added to my account and CCS reserves the right to collect the remaining tuition balance. A \$30.00 fee will be added for any returned checks.

_____ 6. Withdrawal: I agree that should I withdraw my child from Coosa Christian School at any time during the 2020-2021 school year, I will nevertheless fulfill my obligation in this contract to pay full tuition for the remainder of the school year.

_____ 7. I understand that I am financially responsible for damage to school property caused by my student.

Responsible Party's Signature Date Phone

Responsible Party's Signature Date Phone

By signing the above I agree that failure to pay all tuition charges will be considered a breach of contract; and as a result of not clearing my indebtedness:

- a. Coosa Christian School will not transfer my child's records to another school, nor will my child receive his/her diploma until all debts are cleared;
- b. Coosa Christian School has the right to take legal action if my account is not paid in full in a timely manner. Parents, legal guardians, or persons responsible for account will pay all fees of collection.



COOSA EST 1972
 CHRISTIAN SCHOOL
 2736 WILLS CREEK RD GADSDEN, AL 35904 || 256.547.1841

Office use only
Registration Date: _____
Check # _____ cash CC
Book Payment \$ _____
Check # _____ cash CC
Initial: _____

Grade Entering _____

Student Information

Student Name _____
First Middle Last Preferred

Address _____
Street City State Zip Code

Home Phone _____ Student Cell Phone _____ Birthdate _____

Gender _____ Race _____ Social Sec. # _____

Place of Birth _____

Medical Conditions/Allergies _____

Medications _____

Last School Attended _____ Address _____

Student resides with: (circle one) Both parents Mother Father Other

If other, Name _____ Phone _____

(If court documents exist concerning the child's custody, please make sure the school has a copy on file.)

Parent/ Guardian information

Father

Mother

Name _____

Name _____

Place of Employment _____

Place of Employment _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Emergency Contact (Please list 2 people other than parents) LOCAL NUMBERS ONLY

#1 Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

#1 Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list anyone **NOT** allowed to pick up student:

