

MONTHLY TUITION PLAN

_____ Option A _____ Option B

*Option A – 12 Monthly Payments
 * Option B – No Tuition Payment in August (when registration fees are due)

**MIAMI CHRISTIAN SCHOOL 2010-2011
 RE-ENROLLMENT FORM**

OFFICE USE ONLY

_____ Payment Rec.
 _____ SSN
 _____ DOB
 _____ Names & Grades
 _____ Back page signed
 _____ Date Rec.

RE-ENROLLMENT/ENDOWMENT FEE FOR RETURNING STUDENTS

If paid by February 12th \$195.00; after February 12th enrollment will be \$275.00 until April 19th, after this date re-enrollment is \$375.00 per student.

In recent years, classes have filled quickly. Please respond early so your child has a place in his/her appropriate classroom and take advantage of the lower enrollment fee. ALL TUITION AND SCHOOL FEES ARE NON-REFUNDABLE.

New enrollment is now open to the public.

**READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE
 TO COMPLETE THE RE-ENROLLMENT FORM**

(Please indicate grade for the fall term.)

Fall 2010			Fall 2010		
NAME	Grade	DOB	NAME	Grade	DOB
_____	_____	_____	_____	_____	_____
Social Security number _____			Social Security number _____		
NAME			NAME		
_____	_____	_____	_____	_____	_____
Social Security number _____			Social Security number _____		

Re-enrollment/endowment fees for your family: (payment must accompany form) \$_____

If you have any questions concerning the re-enrollment procedure, please call the Admissions Office between 8:30 a.m. and 4:30 p.m. on school days at 305-221-7754.

MANDATORY PARENT INFORMATION (fill in all spaces)

Father's Name _____	Mother's Name _____
Spouse's Name _____	Spouse's Name _____
Social Security Number _____	Social Security Number _____
Home Address _____	Home Address _____
City/Zip _____	City/Zip _____
Home Phone _____ Cell _____	Home Phone _____ Cell _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Address _____	Address _____
City, Zip _____	City, Zip _____

Person paying account if different from parent with whom the child resides:

Name _____
 Social Security # _____ Relationship to student _____
 Home Phone _____ Cell _____ Wk Phone _____ E-mail _____
 Address _____ City _____ State _____ Zip _____

REVERSE SIDE MUST BE SIGNED BY PARENT

AS A MIAMI CHRISTIAN SCHOOL PARENT I AGREE WITH THE FOLLOWING:

In seeking this **re-enrollment**, I understand that:

1. My child will go on **scheduled field trips** and other school activities.
2. I support the school in its implementation of the **Assertive Discipline** program.
3. The administration has full responsibility for placing my child(ren) in the **proper grade(s)**.
4. My **cooperation** is expected in (a) **regular tuition payments**, (b) **annual endowment fee**, (c) **annual improvement fee**, (d) **annual technology fee** (e) **registration fees**, (f) **special gifts** and (g) **faithful prayer** since tuition does not cover all costs.
5. The **school reserves the right to dismiss any student** who does not respect its spiritual standards or cooperate in the educational process.
6. Our family will cooperate in **maintaining school standards** as published in the Student Handbook (dress code, merit system, field trips, Saturday school, etc.).
7. **The re-enrollment fee of \$375.00 is non-refundable and confirms my decision to re-enroll my child(ren) and reserves a space in his/her grade through June 1, by which time the first of the monthly tuition payments is due. The June 1st, July 1st and August 1st tuition payments are non-refundable and must be paid in full to continue to reserve space for my child(ren) through the start of school.**
8. I understand that **re-enrollment, registration, tuition and any other school fees are non-refundable.**
9. **All accounts must be paid in full** (involving any area of the school) **before the following can occur for my child: release of any and all records, (i.e., report cards and transcripts), administration of high school semester exams, receiving a diploma for 8th grade or senior graduation and continued access to Edline.**
10. In order to avoid my incurring a large debt, **I understand that if I am more than one month behind with payments, suspension or withdrawal procedures** will be carried out.
11. **I understand that if a 3rd party is paying my child(ren's) bill, and fails to make timely payments, I am responsible for any outstanding balance.**
12. If my child(ren) is/are in **K3 through 8th grade**, I will pick him/her up after school, before 3:15 p.m. or entrust him/her to the After School Care staff and guidelines. **If I am later than 3:15 p.m., I understand that my child will automatically be placed in After School Care and that fees will be incurred.**

K3-12th grade: I understand that if I am late picking up my child(ren) from ASC, Saturday School or an athletic practice or event there will be a substantial charge.
13. According to the Matthew 18 principle, I understand that when I have a concern with a faculty/staff member I will go directly to the person involved to work toward a solution. I understand at that point, if I am not satisfied, I have the right to ask the person with whom I have a problem to meet with me and the appropriate school administrator.

Please print name _____

Parent's Signature _____ **Date** _____

NOTE: If any of your children are not returning in the fall of 2010 for reasons other than graduation, please list their names and grades here, then sign and return this form without delay.

Children not returning _____