

Office Use Only

Registration Fee Paid: \$_____ Check#: _____ Cash Recpt. # _____ PowerSchool#: _____

Student's Last Name: _____ Student's First Name: _____

Tuition Paid: \$_____ Received by: _____ School Attending in Fall 2019 _____



VACAVILLE CHRISTIAN SCHOOLS

Preschool Summer

Registration & Tuition Schedule 2019

Registration Fee: \$50.00 PER CHILD

Program Dates: MONDAY, JUNE 3, 2019 – FRIDAY, AUGUST 9, 2019

*Hours used after regular program times will be billed at the hourly rate of \$7.00 per hour billed in 15 minute increments.

*A \$15 fee for every 15 minute increment will be assessed for any child left after 6:00pm. This fee will be doubled after 2 occurrences.

CAMPUS CLOSED- THURSDAY - FRIDAY, JULY 4TH – JULY 5TH - NO SUMMER CAMP/ NO EXTENDED CARE

CAMPUS CLOSED- MONDAY AUGUST 12TH – FRIDAY, AUGUST 16TH- NO SUMMER CAMP/ NO EXTENDED CARE

PRESCHOOL PROGRAMS

MONDAY, JUNE 3RD – FRIDAY, AUGUST 9TH

	TOTAL	2 Equal Payments Plan June/July	3 Equal Payments Plan May/June/July
PS 5M (Mon - Fri) 8:00am - 12:00pm	\$1785.00	\$892.50	\$595.00
PS 5A (Mon - Fri) 6:30am - 6:00pm	\$2382.00	\$1191.00	\$794.00
PS 3M (Mon, Wed, Fri) 8:00am - 12:00pm	\$1242.00	\$621.00	\$414.00
PS 3A (Mon, Wed, Fri) 6:30am - 6:00pm	\$1926.00	\$963.00	\$642.00
PS 2M (Tues, Thurs) 8:00am - 12:00pm	\$834.00	\$417.00	\$278.00
PS 2A (Tues, Thurs) 6:30am - 6:00pm	\$1419.00	\$709.50	\$473.00

Office Use Only

Registration Fee Paid: \$ _____ Check#: _____ Cash Recpt. # _____ PowerSchool#: _____

Student's Last Name: _____ Student's First Name: _____

Tuition Paid: \$ _____ Received by: _____ School Attending in Fall 2019 _____



VACAVILLE CHRISTIAN SCHOOLS Preschool Summer Registration & Tuition Schedule 2019

HOW TO REGISTER FOR SUMMER PROGRAMS:

- 1) COMPLETE THIS FORM WITH THE PROGRAMS YOU ARE REGISTERING YOUR CHILD FOR.
- 2) BRING THIS REGISTRATION FORM TO THE EARLY EDUCATION OFFICE.
- 3) REGISTRATION FEE IS DUE AT THE TIME OF REGISTERING. \$50 PER CHILD.

SEE GENERAL INFORMATION SECTION IN THE SUMMER BROCHURE FOR COMPLETE BILLING INFORMATION.

First and Last Name of Person RESPONSIBLE FOR ACCOUNT: _____

Address: _____

Street

City

Zip

Preferred Phone # for Contact: _____ Work Phone: _____

Email address: _____

Child's Name: Last _____ First _____ Birthdate _____

Summer Program Dates: Monday, June 3RD – Friday, August 9TH

(M=Mornings Only (8:00am -12:00pm) / A=All Day (6:30am -6:00pm)

Program Selected (Circle ONE): **5 DAYS:** PS5M (M-F) PS5A (M-F)

3 DAYS: PS3M (M/W/F) PS3A (M/W/F) **2 DAYS:** PS2M (T/TH) PS2A (T/TH)

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND UNDERSTAND THE FOLLOWING ITEMS:

1. I agree to uphold all the financial policies as stated in our tuition schedule and handbook.
2. I understand that registration fees are **NON-REFUNDABLE**.
3. I understand that by signing responsibility for this tuition account I am responsible for any and all charges incurred while the above listed student is attending Vacaville Christian Schools and I am responsible for tuition until I have signed a withdrawal form. It is my responsibility to give 30 day notice before withdrawing. If 30 day notice is not given as stated, I will be billed for 30 days, even though my child may no longer be attending school. Accounts must be paid in full to receive any program completion information.
4. I understand that I will be charged a \$35 late fee and a \$40 Smart Tuition follow up fee.
5. I understand that there is a \$15.00 Program Change fee for switching between programs.

DATES OF PROGRAM SELECTED: _____

TOTAL TUITION FOR THE PROGRAM SELECTED: \$ _____

PLEASE CIRCLE ONE: 2 PAYMENTS or 3 PAYMENTS
June/July May/June/July

***If you choose the 3-month plan, you will have a double payment in MAY, when enrolled at VCS for the 2018-2019 school year.**

Initial here: _____

Amount of monthly tuition due no later than the 10th of each month: \$ _____

Signature of person responsible for enrollment and tuition account: _____

Print Name (First and Last) _____