

FATHER (Guardian 1)

LAST Name: _____ Middle Initials* _____ FIRST Name: _____

* Required for Charitable Receipts
MOTHER (Guardian 2)

LAST Name: _____ Middle Initials* _____ FIRST Name: _____

APPLICATION FEE

A non-refundable Application Fee is due with this application.

NOTE: Early Bird Deadline: 4 pm, JANUARY 31, 2020
Payment for Application Fee to be paid by:
 Cash Cheque Credit Card*

* Please enter credit card information at the bottom of this page.
A. _____ Early Bird Fee: Enrollment forms received no later than 4 pm, January 31, 2020 \$ 100.00
B. _____ Regular Fee: Enrollment forms received after January 31, 2020 \$ 200.00

Office Use Only: Payer: _____ Cash: _____ Cheque #: _____ Cheque Date: _____ Date Received: _____

TUITION PRICING SCHEDULE	Oldest: 1st Child	2nd Child	3rd Child	4th Child	Each Additional
Kindergarten: Full Time (FTK)	\$5,075	\$3,050	\$2,025	\$1,200	\$0
Primary: Grades 1 & 2	\$5,775	\$3,050	\$2,025	\$1,200	\$0
Intermediate: Grades 3, 4, 5	\$6,175	\$3,350	\$2,225	\$1,300	\$0
Middle School: Grades 6, 7, 8, 9	\$6,575	\$3,650	\$2,425	\$1,400	\$0
High School: Grades 10, 11, 12	\$6,975	\$3,950	\$2,625	\$1,500	\$0

STUDENTS ENROLLED / ANNUAL TUITION CALCULATION List each child being enrolled in order of birth, starting with oldest child.

FIRST and LAST NAME	2020-21 GRADE	TUITION
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Total Annual Tuition Fees: \$ _____

 Office Use Only: Alumni Employee Pastoral Referral Scholarship F-A-S-T = (\$ _____)

Less Authorized Discounts: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

 NEW Family Business Office Approval: _____ **Adjusted Annual Tuition Fees:** \$ _____
PREFERRED TUITION PAYMENT METHOD Choose only one option, please check box A or B:

 A. Single Annual Payment: attach a cheque post-dated for July 1st ... OR ... fill in the credit card information below.

 Credit Card Type: VISA or Master Card Card # _____ Expiry Date ____ / ____

Card Holder Name: _____ Card Holder Signature: _____

Office Use Only: Payer: _____ Cheque #: _____ Cheque Date: _____ Date Received: _____

 B. Monthly Pre-Authorized Payments: collected on the 1st day of each month July 2020- June 2021

For option B, please complete attached KCS Pre-Authorized Debit Agreement

OR initial to continue using payment account information on file: _____

 Credit Card is not an option for Monthly Pre-Authorized Payments method.

\$ _____	÷	12	=	\$ _____
Total Annual Fees		# Months		Monthly Payment

Office Use Only: Transit # _____ (5-digits), Institution # _____ (3-digits), Account # _____

IMPORTANT: Required Signatures

See Over Please



GUIDELINES RELATING TO TUITION PAYMENTS

We Plan for Families to be With Kelowna Christian School for the Entire School Year:

Due to the nature of education, much of the planning required to run an effective school must be done on an annual basis. Significant financial commitments are made annually: teachers are hired, curriculum and capital assets are purchased, programs are developed and a host of other plans are created to function for the entire year. As such, by enrolling your child(ren) at Kelowna Christian School you are committing to partner with the school for the entire year. For families entering the school mid-year, you are committing to partner with Kelowna Christian School for the remainder of the school year.

Key Financial Guidelines:

- A. Upon admittance to Kelowna Christian School, students in good standing are continually enrolled, from year to year, until they graduate or leave the school. Continuous enrollment requires families to maintain up-to-date personal information with the school to ensure effective communication. The school will publish the upcoming school year's enrollment fee and tuition rates no later than February each year.
- B. When a student or family voluntarily withdraws mid-term within the current school year, for any reason, at least one full calendar month's written notice must be given to the school. Tuition for the entire current month, plus the next month will be charged to the family's account. *For example: if a family withdraws on March 7th, tuition for both the months of March and April remains due to the school.*

Initial

A student or family who elects to dis-enroll for a subsequent school year, must provide written notice of withdrawal prior to June 15th to avoid collection of subsequent tuition fees.

Initial

- C. While students are continuously enrolled at Kelowna Christian School, their placement status is not guaranteed until all financial obligations from the previous year are fulfilled. Families with an outstanding tuition account as at June 15th will cause their students' names to be placed onto classroom waiting lists for the following year.
- D. Ongoing failure to maintain a current tuition account and the ability to meet the financial obligations of the chosen payment plan may result in the release of the student.
- E. When a student is suspended, expelled, or asked to withdraw for disciplinary reasons, all tuition and fees paid are non-refundable.
- F. When a student leaves Kelowna Christian School for any reason, all unpaid accounts remain due to the school, even after graduation.
- G. For families choosing to make a single Annual payment, either by cheque or credit card, the due date is July 1st. For families choosing the 12-month Pre-Authorized Payment method, 1/12th of the tuition and annual fees is due on the first day of each month (July through June).
- H. Accounts will be charged a *Returned Item Fee* of \$30.00 should any payment made by credit card, cheque and/or Pre-Authorized Payment be rejected by the family's financial institution for any reason (for examples: Non-Sufficient Funds, Account Closed, etc.).
- I. Inability to comply with any of the above Key Financial Guidelines must be communicated in advance to the school Accounting Office.

Required Signatures

All parents/guardians must sign this Enrollment Contract.

By signing below, I/we agree to pay **Total Annual Tuition Fees due** and confirm that I/we have **read, understand, and agree** to abide with the *Guidelines Relating To Tuition Payments* listed above. Further, I/we understand that in order for this application to be processed, the *Application / Enrollment Fee* as well as all *Preferred Tuition Payment Method* information and supporting documents must be provided.

Signature of FATHER / Guardian 1: _____ Date: _____

Personal E-Mail: _____ Primary Phone #: _____

Signature of MOTHER / Guardian 2: _____ Date: _____

Personal E-Mail: _____ Primary Phone #: _____



KELOWNA CHRISTIAN SCHOOL

PRE-AUTHORIZED DEBIT AGREEMENT

1. School Family Name: (LAST NAME, Father / Mother)

2. Bank Account Holder(s) Information (Please Print Clearly)

Name(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Daytime: _____ Evenings: _____

3. Bank Account Information * Please attach a VOID cheque or Bank Confirmation Form

Branch Transit Number: (5 digits)

Account Type: Chequing
(check ✓)

Financial Institution Number: (3 digits)

or Savings

Bank Account Number:

Financial Institution Name: _____

Financial Institution Address: _____

4. Pre-Authorized Debit (PAD) Details (Signatures are required by both account owners on joint accounts)

I/we authorize Kelowna Society for Christian Education (operating as Kelowna Christian School) to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my/our Kelowna Christian School account. Regular monthly tuition payments for the annual cost of personal education services (amount as calculated on the most current Enrollment Contract), will be debited to my/our account on the 1st day of each month or the next business day.

I/we may revoke this authorization at any time and it will remain in effect until I/we provide Kelowna Christian School written notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the school address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

NOTE: Signatures are required by both account owners on joint accounts

Signature of Bank Account Holder:

Signature of Joint Bank Account Holder (if applicable):

X _____

X _____

Name: _____

Name: _____

Date: _____

Date: _____