



KELOWNA CHRISTIAN SCHOOL

2021-2022 PRESCHOOL TUITION CONTRACT

CONTACT INFORMATION

FATHER (Guardian 1) LAST Name: _____ FIRST Name: _____

MOTHER (Guardian 2) LAST Name: _____ FIRST Name: _____

STUDENT / CHILD LAST Name: _____ FIRST Name: _____

Mailing Address: _____ City: _____ Prov.: BC Postal Code: _____

Primary Phone #: _____ Primary E-Mail *: _____

* This e-mail address will be used for all preschool correspondence

APPLICATION FEE

A non-refundable Application Fee is due upon registration. Waived for families enrolled in K-12.

Payment for Application Fee to be paid by: Cash Cheque Credit Card*

\$ 100.00

* Please enter your credit card information at the bottom of this page.

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

PRESCHOOL TUITION

Please indicate your one preferred program.

Preferred Program:	Daily Schedule	Duration	Annual Tuition	Monthly Payment
<input type="checkbox"/> 3 Year Olds - 2 Days (Tues, Thurs): Mornings	8:45 am - 11:15 am	2.5 hours	\$ 1,700.00	\$ 170.00
<input type="checkbox"/> 4 Year Olds - 3 Days (Mon, Wed, Fri): Mornings	8:45 am - 11:15 am	2.5 hours	\$ 2,550.00	\$ 255.00
<input type="checkbox"/> Junior Kindergarten: 4 Year Olds 4 Days (Mon Tues, Thur, Fri): Afternoons	12:15 pm - 2:45 pm	2.5 hours	\$ 3,400.00	\$ 340.00

PREFERRED PAYMENT METHOD

Choose only one option, please check box A or B:

A. Single Annual Payment: attach a cheque post-dated for August 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: August 1, 2021 - May 1, 2022

For option B, please complete the attached KCS Pre-Authorized Debit Agreement.
Credit Card is not an option for the Monthly Pre-Authorized Payments method.

\$ _____ ÷ **10** = **\$** _____
Annual Tuition # Months Monthly Payment

OTHER PAYER INFORMATION

If someone other than the parents/guardians is paying tuition, please provide the following information:

OTHER PAYER LAST Name: _____ FIRST Name: _____

Mailing Address: _____ City: _____ Prov.: BC Postal Code: _____

Primary Phone #: _____ Personal E-Mail: _____

IMPORTANT: Required Signatures

All parents/guardians responsible for payment of preschool fees must sign the reverse of this Tuition Contract.

See Over Please



GUIDELINES RELATING TO PRESCHOOL TUITION PAYMENTS

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

Due to the nature of early childhood education, much of the planning required to run an effective preschool must be done on an annual basis. Significant financial commitments are made annually: teacher contracts are signed, curriculum and resources are purchased, programs are developed and a host of other plans are created to function for the entire school year.

As such, by registering your child(ren) at Kelowna Christian Preschool, it is our every hope that you are making a commitment to partner with the preschool for the entire school year. Similarly, for families entering the preschool mid-year, our expectation is that you are committing to partner with the preschool for the remainder of the school year.

Of course, there may be extenuating circumstances and legitimate reasons to withdrawal your child mid-term. In these circumstances, we appreciate receiving at least one month's written notice such that we can proactively invite other families to join Kelowna Christian Preschool and/or make appropriate mid-term adjustments.

Key Financial Guidelines:

A. Registration Fee: The non-refundable registration fee is payable at the time of registration to reserve your spot. Given the demand for student placement, a *Preschool Registration Form* and *Tuition Contract* received without payment is considered incomplete. A registration application will be processed only after the registration fee is paid in full. The non-refundable registration fee is separate from and does not form a deposit on any annual or monthly tuition payment due.

B. Payment Method: For families choosing to make a *Single Annual Payment*, either by cheque or credit card, the due date is August 1st. For the *Monthly Pre-Authorized Payment* method, 1/10th of the annual tuition (or other mid-term prorated amount) is due on the first day of each month (August through May). Please provide 10 calendar days' advance notice for any change in banking information.

All cheques submitted should be made payable to:
Kelowna Christian School
2870 Benvoulin Road
Kelowna, BC V1W 2E3
Attention: Accounting Office

C. Official Child-Care Receipts: Receipts are made available for preschool tuition paid, and are issued annually late February each year.

D. Withdrawal: When a family voluntarily withdraws **after July 31st** 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 August 7th, tuition for both the months of August and September remains due to the school

E. Returned Payments: 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 (i.e. Non Sufficient Funds, Account Closed, etc.).

F. Compliance: Inability to comply with any of the above Key Financial Guidelines must be communicated in advance to the school Accounting Office. Ongoing failure to meet the financial obligations of the chosen payment plan may result in the release of the student.

Required Signatures

All parents/guardians must sign this Tuition Contract.

By signing below, I/we **agree to pay Preschool Tuition due** and confirm that I/we have **read, understand, and agree** to abide with the *Key Financial Guidelines* listed above. Further, I/we understand that in order for this registration application to be processed, the *Registration Fee* as well as all *Preferred Payment Method* information and supporting documents must be provided.

Signature of FATHER / Guardian 1: _____ Date: _____

Signature of MOTHER / Guardian 2: _____ Date: _____



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

Financial Institution Number: (3 digits) (check ✓) 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): _____

Name: _____ Name: _____

Date: _____ Date: _____