



2019-2020 Tuition Payment Contract
223 E 6th St Volga SD 57071
605-627-9286
www.volgachristianschool.org

Family: _____

Child/Children: _____ Grade: _____ Birthdate: _____
 _____ Grade: _____ Birthdate: _____
 _____ Grade: _____ Birthdate: _____

The undersigned hereby contract to (re)enroll the above student(s) at the VCS for the 2019/2020 school year. I/We have read, understand, and acknowledge the provisions listed below.

Tuition for the 2019–2020 School Term

Preschool – ½ day (Tues & Thurs AM)	4 years old or turning 4 during the school year	\$1000/year or \$100/month
Preschool – (Tuesday & Thursday)	4 years old or turning 4 during the school year	\$1800/year or \$180/month
Kindergarten Prep (Mon- Wed- Fri)	5 years old or turning 5 during the school year	\$2000/year or \$200/month
1 Student	Kindergarten - 8 th grade	\$4000/year or \$400/month
2 Students	Kindergarten - 8 th grade	\$6500/year or \$650/month
3+ Students	Kindergarten - 8 th grade	\$9000/year or \$900/month

Second and third student rate applies from Kindergarten through 8th grade not Preschool or Kindergarten Prep

Tuition: _____
 SCRIP: _____
 Unpaid tuition: _____
 2% reduction in tuition: _____
 Credit for registration fee: _____
 Total Due: _____

I. **Payment plans. Please initial one of the following plans. This enrollment contract will be returned unless a payment plan is indicated below.**

_____ PLAN A – Payment in full on registration day August 8th, 2019. A discount of 2% of the tuition will be applied to reduce the full year's tuition. Total due: _____.

_____ PLAN B – I/We will pay 10 equal monthly installments. The first payment is due on registration day August 8th, 2019. Monthly payment due by the 5th of each month of: _____.

_____ PLAN C – I/We will pay in 10 equal monthly installments with automated payment. The first payment is due on registration day August 8th, 2019 by check or cash. Monthly automated payment due on the 5th of each month of thereafter: _____.

- II. Statements are due upon receipt. Tuition fees are payable on the dates agreed to above as part of this contract. Tuition is delinquent if not paid by the dates as indicated above. **If payment is received after the 10th of the month a Fifty (50) dollar late fee will be applied to your account.** If tuition is in arrears for two months, a letter will be sent to the party responsible for payment; if the delinquent payment extends beyond the second month, School Board action will occur. (See VCS Parent Handbook)
- III. If your child/children withdraw early, or is/are dismissed, you will be charged the monthly rate, starting in August, for each full month or portion thereof prior to the withdrawal. In addition, there will be other charges for the cost of books, materials, and classroom time.
- IV. All accounts must be current before students are allowed to:
 - a. Re-enroll for the following school year.

b. Obtain transcripts.

- V. All parents whose children are in school at the conclusion of the year are responsible for helping clean school during the following summer. A \$200 fee will be charged to families that do not complete this requirement.
- VI. The School Board reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or enrollment contract of any student who fails to fulfill the student's obligations or whose presence at the VCS is, in the VCS School Board's judgment, contrary to the best interests of the school.

I/We hereby acknowledge that I/we have been provided with a copy of the VCS Handbook.

I/We hereby acknowledge that additional individual student services may or may not be available through VCS unless the funding is available through Sioux Valley Public school and their cooperative.

I/We hereby acknowledge the 20 Angel Hours required to be fulfilled by volunteering. If this requirement is not met, I will be charged \$20/hour due July 31st.

Tuition billing address and person(s) responsible for payments: Please Print

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Second Phone: _____

E-mail address: _____

Relationship to Student(s): _____

Signature: _____ Date: _____

VCS Board President: _____ Date: _____

VCS Board Secretary: _____ Date: _____

All new families are required to meet with the VCS board before contract will be valid.