

NEW HEBRON CHRISTIAN SCHOOL

.....
Superior Academics Plus Christian Values

10755 E. 700th Ave. ♦♦♦Robinson, Illinois 62454

Phone (618) 544-7619♦♦♦Fax (618) 544-4493

Email: nhcs@mchsi.com Web Site: www.nhcseagles.com

Application for Preschool Enrollment

NAME: _____ M _____ F _____
(Last) (First) (Middle Initial)

ADDRESS: _____ Phone: _____

(City/State) (Zip) Birthdate: _____

My child will be _____ years old on September 1. School Attended Last Year: _____

Family Email: _____

**Email will be the primary method of communicating school news and information.*

Child's Normal Temperature: _____ My child may be given Tylenol at NHCS: Yes _____ No _____

Please list Regular Medications: _____

Known Allergies: _____

FATHER'S NAME: _____ Living With Child: Yes _____ No _____

Employer: _____ Work Phone: _____

Cell Phone #: _____

Address: (if different from child) _____

MOTHER'S NAME: _____ Living With Child: Yes _____ No _____

Employer: _____ Work Phone: _____

Cell Phone #: _____

Address: (if different from child) _____

Church Affiliation: _____

Please list 3 contacts for notification if parent(s) cannot be reached:

Name: _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

New Hebron Christian School reserves the right to use corporal punishment when deemed necessary. Please make yourself familiar with this policy as stated in the NHCS Handbook. Additional written instructions concerning this policy will not be honored. Signature below is required to acknowledge advance notification of New Hebron Christian School policy.

Signature: _____ Date: _____

(Father)

(Mother)

FINANCIAL CONTRACT FOR PRESCHOOL TUITION PAYMENT
New Hebron Christian School
(This form must be completed each year – one per family.)

NHCS Student Name(s) _____

Preschool Registration & Supply Fee Total: _____ (\$70.00 per student)
Vision and Hearing Screenings: _____ (\$4.00 total per student)
Total: _____

*** I was referred to this school by: _____

Preschool Fee Schedule: 9 and 12 month option

<u>Full Time/Part Time Enrollment</u>	<u>Amount Per Month if paid over 9 months</u>	<u>Amount Per Month if paid over 12 months</u>
Morning Session:		
Full Time (4/5 days/week)	\$ 200.00	\$ 150.00
Part Time (M,W,F only)	\$ 140.00	\$ 105.00

My child will be: Full Time Part Time

TUITION PAYMENT SCHEDULE: Check appropriate option and fill in amount.

9 Month Plan: \$_____/mo. I will be paying by check.

12 Month Plan: \$_____/mo. I'll be paying with Automatic Payment (see below).

Authorization for Direct Payment

I authorize NEW HEBRON CHRISTIAN SCHOOL and First Robinson Savings Bank to initiate entries on the 15th of each month to my: (Circle One)

Checking

Savings

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name

Signature

Date

Financial Institution Account Number

Routing Transit Number



***Staple voided check here.