

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 Enrollment

NAME: _____ M__F__

(Last) (First) (Middle Initial)

ADDRESS _____ Phone: _____

(City/State) (Zip)

Birthdate: _____ Grade Entering: _____ School Attended Last Year: _____

Student's Social Security #: _____ Family Email: _____

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

Child's Normal Temperature: _____ My child may take Tylenol: Yes__No__

Please list Regular Medications or Known Allergies: _____

FATHER'S NAME: _____ Living With Child: Yes__ No__

Employer: _____ Work Phone: _____

Cell Phone #: _____ Pager #: _____

Address: (if different from child) _____

MOTHER'S NAME: _____ Living With Child: Yes__ No__

Employer: _____ Work Phone: _____

Cell Phone #: _____ Pager #: _____

Address: (if different from child) _____

Church Affiliation: _____

Please List 3 Contacts for Notification if Parent Can Not 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)

Registration Fee Paid _____ Check # _____ Date: _____

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

NHCS Student Name(s) and Grades(s) _____

Registration Fee: _____ (\$50.00 per student)
 K-8 Book Fee Total: _____ (\$130.00 per student)
 Vision Screening: _____ (\$2.00 per student) (Grades PreK, K, 2, 8, New Students)
 Hearing Screening: _____ (\$2.00 per student) (Grades PreK, K, 1, 2, 3, New Students)
 Total: _____

**I was referred to this school by: _____

K-8 Fee Schedule: 9 and 12 month option

# of Children Enrolled	Amount Per Month if paid over 9 months	Amount Per Month if paid over 12 months
1 Student	\$ 250.00	\$ 187.50
2 Students	\$ 370.00	\$ 277.50
3 Students	\$ 470.00	\$ 352.00
4 Students	\$ 570.00	\$ 427.50
5 Students	\$ 670.00	\$ 501.50

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

9 Month Plan: \$ _____/mo.

12 Month Plan: \$ _____/mo.

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.

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)

PreSchool Fee Schedule: 9 and 12 month option

Full Time/Part Time Enrollment	Amount Per Month if paid over 9 months	Amount Per Month if paid over 12 months
Morning Session:		
Full Time (4/5 days/week)	\$ 220.00	\$165.00
Part Time (3 days or less/week)	\$ 150.00	\$112.50

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 will 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.