



PRESCHOOL & ELEMENTARY CAMPUS
1616 WEST STREET ~ WOODLAND, CA 95695
PRESCHOOL: 530-662-0994
ELEMENTARY: 530-666-66
FAX: 530-666-3470

MIDDLE & HIGH SCHOOL CAMPUS
1787 MATMOR ROAD ~ WOODLAND, CA 95776
PHONE: 530-406-8800 FAX: 530-406-0900

WWW.WOODLANDCHRISTIAN.ORG

2013-2014 RETURNING STUDENTS ENTERING K - 12 RE-ENROLLMENT

2013-2014 RETURNING STUDENT RE-ENROLLMENT FEES

Grades K*-12

\$75.00 per student

Re-enrollment fees and first month's tuition are non-refundable and only hold your student's place if re-enrollment deadlines are met. The first month's tuition is due by June 1, 2013 for K-12, to reserve a place in the class. If the first month's tuition is not paid by June 10, 2013, a place may not be available for your student(s).

Re-enrollment will not be processed without payment and all required signatures.

Re-Enrollment Fees and Forms are due by March 1, 2013.

**Kindergarten students entering from Woodland Christian Preschool may use this re-enrollment form and fees above. New Kindergarten students that are not coming from our WPS program need to complete the new student application. Applications are available in the school offices.*



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OFFICE USE ONLY

Date Received: ____/____/____

Fee: \$_____ CASH CK#_____

Received By: _____

Office Copy _____

Bookkeeper RenWeb

2013-2014 RE-ENROLLMENT FOR RETURNING STUDENTS

Elementary (entering grades K-5)	Student's Name	2013-2014	Please Circle						
RE-ENROLLMENT FEES GRADE K (ENTERING FROM WCPS)-5 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY MARCH 1, 2013		Entering Grade	K-am	K-full	1	2	3	4	5
		Entering Grade	K-am	K-full	1	2	3	4	5
		Entering Grade	K-am	K-full	1	2	3	4	5
Middle School (entering grades 6-8)		Please Circle							
RE-ENROLLMENT FEES GRADE 6-8 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY MARCH 1, 2013		Entering Grade	6	7	8				
		Entering Grade	6	7	8				
		Entering Grade	6	7	8				
High School (entering grades 9-12)		Please Circle							
RE-ENROLLMENT FEES GRADE 9-12 \$75.00 per student See RE-ENROLLMENT INFORMATION DUE BY MARCH 1, 2013		Entering Grade	9	10	11	12			
		Entering Grade	9	10	11	12			
		Entering Grade	9	10	11	12			

My information is the same that is currently on file with WCS.

FATHER/GUARDIAN 1: Marital Status: _____ Spouse's Name, if different than mother/guardian 2: _____

_____ unlisted
 Legal Name Phone

_____ City State Zip

_____ Business Personal
 Email Address (for communication of grades, personal notes from teachers and weekly announcements)

My information is the same that is currently on file with WCS.

MOTHER/GUARDIAN 2: Marital Status: _____ Spouse's Name, if different than father/guardian 1: _____

 unlisted
 Legal Name Phone

_____ City State Zip

_____ Business Personal
 Email Address (for communication of grades, personal notes from teachers and weekly announcements)

WOODLAND CHRISTIAN SCHOOL

2013-2014 TUITION AGREEMENT

❖❖ *Please read and sign the Tuition Agreement* ❖❖

Financial Responsibility: This agreement must be completed and signed by the person or persons accepting responsibility for charges incurred by the students listed on the Enrollment Application or Re-registration Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the Bookkeeper at WCS to make payment plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student's enrollment.

Tuition Agreement: *This Tuition Agreement must be completed and signed by the person or persons accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

Delinquent Accounts: Students whose accounts become 30 days delinquent may not be allowed to attend classes until the account is paid in full or arrangements have been made with the Bookkeeper. Families with delinquent accounts will not be permitted to utilize Extended Care services.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last month's tuition prior to readmission for the following year.

PRINT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1. <input type="checkbox"/> same as on file	2. <input type="checkbox"/> same as on file
HOME ADDRESS(ES):	1. <input type="checkbox"/> same as on file	2. <input type="checkbox"/> same as on file
MAILING ADDRESS(ES):	1. <input type="checkbox"/> same as on file	2. <input type="checkbox"/> same as on file
EMAIL ADDRESS(ES):	1. <input type="checkbox"/> same as on file	2. <input type="checkbox"/> same as on file

TUITION PLAN: I (we) choose the following tuition schedule: (please check one):

- Plan A:** Full tuition paid in advance
- Plan B:** Payments by check or cash due on the first of each month.
 - B-10:** (1st payment June 1, 2013, 2nd payment September 1 to May 1, 2014) *
 - B-11:** (1st payment June 1, 2013, 2nd payment August 1 to May 1, 2014) **
 - B-12:** (1st payment June 1, 2013, 2nd payment July 1 to May 1, 2014) ***
- Plan C:** ACH Direct Debit payments. (*complete enclosed form, side "C"*)
 - C-10:** (1st payment June 5, 2013, 2nd payment September 5 to May 5, 2014) *
 - C-11:** (1st payment June 5, 2013, 2nd payment August 5 to May 5, 2014) **
 - C-12:** (1st payment June 5, 2013, 2nd payment July 5 to May 5, 2014) ***
 - I/We are enrolled in ACH Direct Debit for the 2012-2013 Academic year. Please continue to use this account information with the new 2013-2014 tuition rates and the chosen **C** plan above. Please initial _____/_____
- Plan D:** Credit Card Automatic Debit payments. (*Complete enclosed form, side "D"*)
 - D-10:** (1st payment June 5, 2013, 2nd payment September 5 to May 5, 2014) *
 - D-11:** (1st payment June 5, 2013, 2nd payment August 5 to May 5, 2014) **
 - D-12:** (1st payment June 5, 2013, 2nd payment July 5 to May 5, 2014) ***
 - I/We are enrolled in Credit Card Auto Debit for the 2012-2013 Academic year, please continue to use this account information with the new 2013-2014 tuition rates and the chosen **D** plan above. Please initial _____/_____
- Plan E:** First semester paid in advance (by June 1, 2013, Second Semester due by January 1, 2014)

* Tuition will be prorated according to the student's start date.
 ** Not available after 7/15/2013
 *** Not available after 6/15/2013

PLEASE NOTE: A \$25.00 late fee will be added if payment is not received by the 10th of the month. There will be a \$25.00 charge on any returned item (check or ACH). Accounts with multiple returned checks/debits may be required to make all payments with a Cashier's Check or Cash.

SIGNATURE(S)	1.	2.
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I (we) plan on applying for financial aid (grades K-12): Yes No Must be submitted by March 22, 2013. Information is available in the office. If you had financial aid for 2012-2013 you will need to reapply for 2013-2014.

❖❖ **Tuition Agreement must be complete, signed and returned with your registration fees** ❖❖

PARENT/GUARDIAN COOPERATION, ACKNOWLEDGEMENT OF POLICIES

Please initial each section, then sign at the bottom. If student lives with both parents/guardians or there is joint custody, both must initial and sign.

PLACEMENT POLICY KINDERGARTEN - 12TH GRADE:

Woodland Christian School places a great deal of importance on the individual. We know the importance of children being confident that their teachers genuinely care for them and are committed to making them successful. When there is more than one class per grade level the staff determines class lists, making sure each class is balanced by the number of boys and girls, and by academic ability. Each child is individually evaluated and placed with his/her best interest at heart. **We do not accept requests for placement**, but much thought and prayer will go into the formation of classes, and who best will meet their needs. We believe strongly that each student should have the opportunity to build on strengths and be encouraged when developing areas of weakness. This emphasis should be recognized in the academic, spiritual, social and physical aspects of our program.

I (We) have read and agree to the Placement Policy: _____

STATEMENT OF COOPERATION:

- I (We) give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises.
- I (We) will support the standards of Woodland Christian School that do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.
- I (We) herewith agree to authorize Woodland Christian School to employ disciplinary actions consistent with its philosophy and policies.

Realizing that my (our) attitude toward teachers and policies of Woodland Christian School affects the emotional and academic stability of my (our) child,

- I (We) will support and uphold the ideals of the school in every way and will abide by the discipline and regulations of the administration.
- It is my (our) understanding that complete support and cooperation must be maintained in order for my (our) child to remain enrolled in Woodland Christian School.
- Should any dispute arise that cannot be satisfied through the school's internal appeals process, I (we) agree to have the matter resolved through mediation, utilizing the services of Peacemakers Ministries.

I (We) have read and agree to the Statement of Cooperation: _____

TUITION AND FEE INFORMATION AND POLICY:

I (We) have read and understand the Tuition and Fee Information and Policy: _____

NONDISCRIMINATORY POLICY:

Woodland Christian School admits students of any race, color, religion or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, or other school-administrated programs.

I (We) have read and understand the Nondiscriminatory Policy: _____

I (WE) CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND COMPLETE:

Parent/Guardian Signature

Name Printed

____/____/____
Date

Parent/Guardian Signature

Name Printed

____/____/____
Date

Woodland Christian School



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ACH Debit Authorization Agreement

PLEASE CHECK ONE: Enroll Withdraw Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our)

_____ Checking Account

_____ Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2014**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. *If the 5th should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title
 (as it appears on your bank account): _____

Print Name _____ Joint Tenant Name _____

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Account holder is required to verify bank account data and attach a voided check here.

-Attach voided check here-

1 2 3

- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Woodland Christian School

PLAN "D"

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Credit Card Debit Authorization Agreement

PLEASE CHECK ONE:

Enroll

Withdraw

Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2014**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auth Debit transactions to my (our) account must comply with the provisions of US law.

Payment/Authorization Information:

Accepted Payment Method MasterCard, Visa

Card Number _____ (enter number without spaces)

Expiration Date (MMYY) _____ Security Code # _____ (3 digit code on back of card)

Amount each month: \$ _____

Customer Billing Information:

Last Name _____ First Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____

email: _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print

Joint

Name _____

Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____