

**MT. BETHEL CHRISTIAN ACADEMY
ENROLLMENT CONTRACT
2008/2009 ACADEMIC YEAR**

NAME OF PARENT OR GUARDIAN _____ PHONE _____

In consideration of the acceptance of the Enrollment Contract by Mt. Bethel Christian Academy, the undersigned agrees to pay the required fees as specified below.

PLEASE INDICATE A PAYMENT PLAN FOR EACH CHILD ATTENDING (FULL, THREE OR TEN PAYMENTS):

Child 1 _____	Grade Entering _____	Full	3-Pay	10-Pay
Child 2 _____	Grade Entering _____	Full	3-Pay	10-Pay
Child 3 _____	Grade Entering _____	Full	3-Pay	10-Pay
Child 4 _____	Grade Entering _____	Full	3-Pay	10-Pay

**NON-REFUNDABLE TUITION DEPOSIT IN THE AMOUNT OF \$1050 PER CHILD MUST ACCOMPANY THIS FORM.
ENROLLMENT IS NOT COMPLETE UNTIL THIS DEPOSIT IS RECEIVED.
\$1000 OF THE DEPOSIT WILL BE APPLIED TO THE 2008 – 2009 TUITION.**

I understand that my obligation to pay the fees for the full academic year is unconditional and that after July 1, 2008 no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student/s. In view of this obligation, I understand that the Tuition Refund Plan is being made available to me at this time to protect my yearly financial obligation under the terms of the Enrollment Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of the policy.

I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan. It is imperative that Box A or B below is checked for each child enrolled. **Note: Participation is required unless the full payment is paid by July 1, 2008 in which case the Plan is elective.**

**One of these boxes
MUST be checked**

- A. I wish to participate in the Tuition Refund Plan. **A one time charge of \$155 per student will be billed on my first statement.** I authorize the Academy to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
of children _____
- B. I am making one full payment and I do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly fees will be made by the Academy for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full tuition to be paid by July 1, 2008. # of children _____

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the Academy as stated in the application and the policy concerning payment of fees as referred to above. Furthermore, I agree to the policy of the Academy that no student will be permitted to take examinations nor will grades and transcripts be released unless my account has been paid in full. Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeit of the Tuition Deposit and collected fees) prior to July 1. If enrollment is canceled after July 1, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

This contract shall be interpreted in accordance with the laws of the State of Georgia. My signature below affirms that I have read, understand and accept the terms and conditions of this contract. ***In order to reserve a place for your child, please sign and return a copy of this Enrollment Contract and your Tuition Deposit to the Admissions Office on or before the stated deadline.***

SIGNATURE of parent or guardian financially responsible for student/s Address _____ Date _____