



KCS Account #: \_\_\_\_\_

Name(s) of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Who is responsible for school payments? (Must sign below) \_\_\_\_\_

Relationship to student(s)? (Circle) Mother Father Guardian Step-Parent Other \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**TUITION BILLING PREFERENCES**

I wish to receive all my statements electronically. Please email my statements to this email address:

\_\_\_\_\_

I prefer the following payment plan:

- Full Annual Payment by August 1st, with fees due June 1st
  - ◆ 5% discount off annual tuition when paid with cash, check, or credit card
- Two Semi-Annual Payments due August 1st and January 1st , with fees due June 1st
  - ◆ 4% discount off annual tuition when paid with cash, check, or credit card
- Eleven Equal Monthly Payments due July 1st - May 1st, with Fees due June 1st

**SEE ATTACHED  
AUTOMATIC  
PAYMENT OPTION**

**PRESCHOOL ENROLLMENT OPTION (K2-K4 ONLY)**

- Half Day 8:15 - 12:20
- Full Day 8:15 - 3:10

Half Day students will be charged \$10 for child care between 12:30 and 3:30.

**EXTENDED SCHOOL CARE OPTIONS - 3:30-6:00 PM - K2 - 8th Grade**

- Monthly \$140
- Hourly \$4 (After 6:00 PM \$1 per minute.)

If the monthly option is chosen, the monthly Extended School Care rate is billed in advance at the beginning of the month. If this monthly payment plan is cancelled, a \$25 processing fee will be charged. Hourly rate charges are billed at the end of each week. NOTE: All students who are not picked up at dismissal time are required to be in Extended School Care. Students participating in after school sports or other activities should be picked up promptly after the activity ends. Students not picked up will be placed in Extended School Care and billed the hourly rate as of the time they were checked in. Students who are not picked up by 6:00 p.m. will be charged a late fee of \$1 per minute.

**IMPROVEMENT FEE OPTIONS**

Our \$350 Improvement Fee serves to make our facility safer, more enjoyable and a more effective learning environment for our students. If you wish to support KCS further with greater amount, please consider the following levels, which are all recognized in our yearbook:

- Lion's Paw - \$500
- Lion's Heart - \$750
- Lion's Pride - \$1,000
- Other \_\_\_\_\_

**TERMS AND CONDITIONS**

1. Past Due Payments. All payments due hereunder shall be due on the first (1st) of each month. In the event KCS does not receive the required payment within ten (10) days of the due date, a \$25.00 late fee shall be added to the Student(s) account. Additionally, interest shall accrue at the rate of eighteen (18%) percent per year on the unpaid balance.
2. Entire Agreement and Amendment. This Agreement constitutes the entire Agreement between KCS and the individual(s) responsible for school payments. No modification hereof shall be valid unless it is in writing and signed by the party against whom the enforcement is sought. The captions and numbers appearing herein are inserted only as matter of convenience and are not intended to define, limit, construe or describe the scope or intent of any paragraph, nor in any way affect this Agreement.
3. Laws. This Agreement shall be governed and construed in accordance with the laws of the State of Florida and venue in connection with any proceeding brought to enforce the terms of this Agreement shall lie in Miami-Dade County, Florida.
4. Attorney's Fees and Costs. The prevailing party shall be entitled to reimbursement for all and singular costs, charges, and expenses, including attorney's fees reasonable incurred or paid at any time by said party because of the failure on the part of the other, to comply with and abide by each and every one of the stipulations, agreements, covenants and conditions of this Agreement.
5. Severability. In the event any provision of this Agreement is held to be invalid or unenforceable, the remainder of the provisions of the Agreement will remain in full force and effect.
6. Invalidity. The partial or complete invalidity of any one or more provisions of the Agreement shall not affect the validity or continuing force and effect of any other provision. The failure of either party hereto to insist, in any one or more instances, upon the performance of any of the terms, covenants or conditions of this Agreement, or to exercise any right herein, shall not be construed as a waiver or relinquishment of such term, covenant, condition or right as respect to future performance.

\_\_\_\_\_  
Signature of person responsible for school payments

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

KCS Account #: \_\_\_\_\_

Name(s) of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

### **AUTOMATIC CREDIT CARD CHARGE AUTHORIZATION**

I hereby authorize King's Christian School to charge the monthly balance on my KCS account to the credit card indicated below. Charges will be initiated between the 1st and the 10th of the month.

- I understand that payments will be for the school year of July 1, 2019, through June 30, 2020.
- I understand that there will be a \$5.00 per transaction fee applied to charges such as field trips, detentions, and miscellaneous purchases; however, no additional fees will be added for tuition, lunch, or required fee payments.
- I understand that I am responsible for any fees incurred due to ACH transactions rejected for Non Sufficient Funds or closed bank accounts.
- I understand that this authorization may be canceled at any time with a two-week notification in writing. Upon cancellation, an alternative form of payment shall be required.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Credit Card Authorization:**

Visa     MasterCard     AMEX     Discover

\_\_\_\_\_  
**Name of Card Holder (PLEASE PRINT)**

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Credit Card Account Number**

\_\_\_\_\_  
**Card Exp. Date**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**