

NEW STUDENT _____

RETURNING STUDENT _____

**CROSSROADS CHRISTIAN SCHOOLS
2009-2010**

Kindergarten – 12th Grade

Method of Payment Information

Student Name: _____
Last Name First Name Middle Initial

Gender: M _____ F _____ DOB: _____ Grade for 09-10 _____

Parent(s)/Guardian(s): _____

Home Address: _____
(Include City, State and Zip Code)

Billing Address: _____
(Name, City, State and Zip Code if different from home)

Social Security No. _____ (Dad) _____ (Mom)

OR

Driver's Lic. No. _____ (Dad) _____ (Mom)

Home Phone: _____ Email: _____

Cell Phone: _____ (Dad) Cell Phone: _____ (Mom)

Work Phone: _____ (Dad) Work Phone: _____ (Mom)

Tuition Payment Options (Please read carefully and select the option that best suits your financial needs.) You must be paying by EFT in order to be eligible for the 12 month plan.

_____ 1. We will pay our tuition in full (see Financial Policy for Schedule)

_____ 2. We will pay by EFT Agreement. If there are no changes to your existing EFT Account, you will not need to provide a voided check. Please state "NO CHANGES" where the voided check would be placed. **All EFT Participants must sign a new agreement authorizing the new annual amount each year.**

10 Month Plan _____ 12 Month Plan _____ (please make your selection)

_____ 3. We will make monthly payments by cash, check or credit card.

PLEASE NOTE: REGISTRATION FEES ARE NON-REFUNDABLE!

** Please read note on reverse regarding monthly payments **

For office use only: Registration fee paid: Amount\$ _____

Cash Rec# _____ Check# _____ Credit Card: Visa _____ MasterCard _____ American Express _____