Thunderbird Christian Elementary

Training Children for Eternity

2024-2025 School Year

Financial Agreement

Name of Student: _____ Grade: _____

Registration Fee:

☐ Paid on or before April 31, 2024 *($550)* ☐ Paid after April 31, 2024 *($650)* $_____

TUITION

TUITION BREAKDOWN

KINDERGARTEN - $7,000 ($1,700/QUARTER)

GRADES 1-8 - $9,300 ($2,325/QUARTER)

QUARTERLY BILLING SCHEDULE

QUARTER 1 – AUGUST 1-SEPTEMBER 30

QUARTER 2 – OCTOBER 1-DECEMBER31

QUARTER 3 – JANUARY 1-MARCH 31

QUARTER 4 – APRIL 1-MAY-30

Yearly (10-month) Tuition Amount	$_____
Multi-Child Discount ($750 x _____)	- $_____
Church Subsidy (_____ per month)	- $_____
Conference / TAA Subsidy	- $_____
Other Subsidy / AAA / ESA	- $_____
Credit Balance	- $_____
Total Year Balance	= $_____
Monthly Payment Amount	$_____

Church Membership: _____

(Please Fill out and return the **Tuition Subsidy Request Form** if you are receiving tuition subsidy from your church.

Tuition is due on a quarterly basis.

A $25.00 late Charge will be charged to each student's account if quarterly payment is not received by the _____ day of the quarter. Returned checks will result in a charge of $35.00 to the student's account.

" I, the undersigned parent/guardian of _____ agree to be responsible for the above financial commitment. I also understand that if the account become s more than 30 days past due, I will be contacted, as will the pastor of my church. If satisfactory arrangements are not made immediately, I agree to withdraw my child/children from Thunderbird Christian Elementary upon request."

_____ I understand that ESA, AAA Tax Credit and Church Subsidy do not cover Hot Lunch and it is my responsibility to pay when lunches are ordered. A $25 late fee will be billed to me after 30 days of non-payment.

____ I understand that ESA, AAA Tax Credit and Church Subsidy do not cover before/after care and it is my responsibility to pay when billed for this service. By not paying, I understand that I forfeit my right to use this service. A $25 late fee will be billed to me after 30 days of non-payment.

Signature _____ Date: _____ _____

Parent/Guardian Email for Billing/Statements

Approved by _____ Date: _____ Approved by _____ Date: _____

Business Manager Principal