

**GREEN PASTURES CHRISTIAN SCHOOL
STUDENT FINANCIAL PROFILE WORKSHEET**

Student(s) Name: _____

Date: _____

Parent(s)/Guardian(s) Name: _____ Childcare/Nursery: _____
 Address: _____ Elementary/Grade: _____
 Email: _____ Telephone #: _____ Jr. Sr. High School/Grade: _____

THE FOLLOWING SERVICES ARE REQUESTED FOR 2010 – 2011 SCHOOL YEAR

Green Pastures Christian School/Childcare Fees:

	1st Child	2nd Child	3rd Child
___ Application/Testing Fee	\$ _____	\$ _____	\$ _____
___ Application Childcare	\$ _____	\$ _____	\$ _____
___ Registration Fee	\$ _____	\$ _____	\$ _____
___ Supply Fee	\$ _____	\$ _____	\$ _____
___ Enrollment Fee	\$ _____	\$ _____	\$ _____
___ Dance Enrollment	\$ _____	\$ _____	\$ _____
___ Miscellaneous	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Total Fees \$ _____

FACTS:

___ Tuition & Lunch	\$ _____	\$ _____	\$ _____
___ Morning & Afternoon Bus	\$ _____	\$ _____	\$ _____
___ Morning Bus Service	\$ _____	\$ _____	\$ _____
___ Afternoon Bus Service	\$ _____	\$ _____	\$ _____
___ Morning & Afternoon Care	\$ _____	\$ _____	\$ _____
___ Morning Care	\$ _____	\$ _____	\$ _____
___ Afternoon Care	\$ _____	\$ _____	\$ _____
___ Dance	\$ _____	\$ _____	\$ _____
___ Music	\$ _____	\$ _____	\$ _____
___ Special Academic Tutorial	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Total Monthly Fee \$ _____

Total Annual Fee \$ _____

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**CHILD CARE AGREEMENT: Beginning start date of Enrollment:** \_\_\_\_\_  
**No. of weeks** \_\_\_\_\_ **X** \_\_\_\_\_ (Age: Six weeks – 23 Months = \$130.00 Age: 2 - 4 K2 – K4 \$115.00) / \_\_\_\_\_ **mos.** = \_\_\_\_\_

**I have reviewed and agree with the charges that are listed above. All FACTS fees will be deducted monthly from my account.**

**Tuition Payments Payable to Green Pastures:**

**Total Bi-Annual Fee** \$ \_\_\_\_\_ **Total Annual Fee** \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

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