



GREEN PASTURES CHRISTIAN SCHOOL

STUDENT FINANCIAL PROFILE WORKSHEET

Student(s) Name: _____

Date: _____

Parent(s)/Guardian(s) Name: _____

Childcare/Nursery: _____

Elementary/Grade: _____

Email: _____ Telephone #: _____

High School/Grade: _____

THE FOLLOWING SERVICES ARE REQUESTED FOR 20____ – 20____ 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 \$ _____

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: _____