



**NORTHSIDE CHRISTIAN SCHOOL
NILD - KALEIDOSCOPE - TEACH
FINANCIAL CONTRACT 2009-2010**

Name of financially responsible party: _____

Address _____ City, State, Zip: _____

Telephone Numbers: Home _____ Work: _____ Cell: _____

Student Name _____ Grade _____

Therapist's Name _____

TO BE COMPLETED BY OFFICE ONLY				
Registration Fee:	Materials Fee:		Yearly Tuition	Monthly Payment
Notes: _____				

The annual cost of education is determined by the Northside Christian School Board and tuition is levied on a per-year basis, with the exception of the one time Initial Material Fee which covers the costs for the number of years in the program.

TUITION & FEES (Tuition may be prorated for students not participating for the full year)

Search Screen Fee	\$20.00	payment part of Kindergarten registration
Yearly Registration Fee	\$50.00	per year
Kindergarten NCS Student Tuition	\$1,700.00	per year
1st Grade NCS Student Tuition	\$2,000.00	per year

To assist you in the payment of the yearly tuition, you may choose one of the following payment plans: (Please check one)
 _____ (I/We) choose to pay the full annual tuition.

_____ (I/We) choose to pay the annual tuition in equal payments. The first payment is due on the first of _____ and will continue in equal payments ending May 2010.

Yearly tuition paid in full will receive a 5% discount. In case of withdrawal, we require 20 days written notice, or one month's payment beyond withdrawal date. All fees and tuition paid to date of withdrawal are non-refundable with the exception of full year prepaid tuition, in which case tuition paid for months past the withdrawal date will be refunded.

Tuition payments received after the fifth of the month will accrue a late fee of \$25.00. If payment arrangements have not been made within 30 days of an account becoming delinquent, the account could be submitted for collection assistance and the student(s) will not be allowed to return to school until the delinquent account has been satisfied. Any fees incurred for collection on delinquent accounts including attorney fees shall be paid by the financially responsible parent/guardian.

A \$20.00 fee will be assessed to all NSF checks.

NOTE: Charges are based on monthly rates and not charged per individual session. Students absences from sessions are not subject to refunds in monthly fees.

(I/We) have read, understand and agree to commit to the above Tuition and Fee Schedule and Contract

BOTH SIGNATURES ARE REQUIRED, IF APPLICABLE:

Father/Guardian Signature Date

Mother/Guardian Signature Date

Signature of Person financially responsible in addition to parents Date



**NORTHSIDE CHRISTIAN SCHOOL
NILD - KALEIDOSCOPE
PARENTAL AGREEMENT 2009-2010**

We, the parents of _____ agree to have him/her placed in academic therapy by the Kaleidoscope of Northside Christian School using the curriculum from the Teach (N.I.L.D). We understand that:

1. The Student will have three- thirty minute sessions a week during the regularly scheduled school calendar.
2. Absences will not be made up. If a child is absent due to illness for more than two consecutive times, one half of those sessions will be made up. Absences of therapist will be made up (taking into consideration the time available in the therapist's schedule.)
3. In the event of field trips, athletic trips, class parties, and program practices; attempts will be made to work around these events. If this cannot be done, the therapist along with the student's parents will discuss what course of action to take.
4. We understand that the Teach program is not an absolute cure for our child's learning difficulties. We are aware that we may not see an immediate change in academic achievement. The effectiveness of the program is closely linked with your child's cooperation in therapy.
5. At the end of the school year the parents, Kindergarten teacher and Therapist will determine if the program will be continued during the First Grade school year.

By signing below, we acknowledge that we understand the information given and agree to the terms as stated in this agreement.

Therapist _____

Program Director _____

Father _____

Mother _____

Date _____