



Heritage Christian School

Enrollment/Re-enrollment application for 2018-19 school year.

www.heritagefindlay.org

2000 Broad Ave Findlay, Ohio 45840

419-424-9511

Please complete all information legibly. Application is not complete until

1. Signed by parent(s)/legal guardian(s) and

2. Accompanied by Registration Fee.

I/we wish to enroll the student(s) listed below.

First Name	Last Name	Gender Circle One	Grade Entering	Birth Date	Circle One
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll

Father/Guardian First and Last Name _____

Employer _____ Business Phone _____

Street Address _____ City, ST, Zip _____

E-mail _____ Phone _____

Mother/Guardian First and Last Name _____

Employer _____ Business Phone _____

Street Address _____ City, ST, Zip _____

E-mail _____ Phone _____

If parents are separated, who has custody of the children? _____

Family church affiliation _____

Tuition/Fee worksheet and Financial Agreement

Registration Due \$ _____ X _____ (# students) = \$ _____

Tuition 1st Student \$ _____
2nd Student \$ _____
3rd Student \$ _____
4th Student \$ _____
5th Student \$ _____

Total tuition due \$ _____
Less Discounts \$ _____
Total Due \$ _____

Direct Payment plan: circle one 10 month 12 monthly weekly Approx Payment \$ _____

____ I will be applying for Financial Aid: Online application at online.factsmgt.com
Sign here

By signing this agreement I/we acknowledge that I/we have read and understand the applicable fees and financial policies of Heritage Christian School and agree to pay all fees accordingly.

Signature of Father/Guardian

Signature of Mother/Guardian

Signature of financially responsible person if
not parent or guardian

Heritage Christian School does not discriminate on the basis of race, national or ethnic origin. __

Office Use Only

Registration Due \$ _____
Registration paid _____
With enrollment \$ _____
Balance due \$ _____

Ck # _____ Cash _____



DIRECT PAYMENT PLAN

Heritage Christian School

We are pleased to offer a **Direct Payment Plan** option for making payments to Heritage Christian School. Benefits include:

- Helps meet your commitment in a convenient and timely manner.
- It saves time with fewer checks to write.
- It's easy to sign up and easy to cancel.

Here is how the **Direct Payment Plan** works: You authorize regularly scheduled payments to be deducted from your checking or savings account starting in June/August and continuing until May. Your payments will be made automatically on the specified day and your payment will appear on your checking or savings account statement.

To take advantage of this service, complete this authorization form.

1. Mark the blank to indicate whether your payment will be deducted from your checking or savings account.
2. Indicate which date(s) you would like to have the withdrawal take place.
3. **Attach a voided check** (do not attach a deposit slip). For savings, provide an account number and routing number from your bank.
4. Date, sign and return the form to the school office.

Please direct any questions to Dawn Long email d.long@cbcfindlay.org or 419-424-9511 ext 113

AUTHORIZATION FOR DIRECT PAYMENT

I, _____ authorize Heritage Christian School to initiate electronic debit entries for my payments from my:

_____checking account _____savings account

Direct pay may be used for _____Tuition _____Lunch acct. _____ sports _____Fine Arts

Date: Choose one: _____ 5th _____ 15th No. of payments _____ 10 _____ 12 _____ weekly

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing or the school receives notice of 2 returned ACH payments due to non-sufficient funds in the account.

Date _____

Signature _____

**PLEASE ATTACH YOUR VOIDED CHECK
OR PROVIDE SAVINGS NUMBERS**

Printed Name _____