

CHRISTIAN HILLS SCHOOL

2016 -2017

Tuition / Fee Schedule

REGISTRATION FEE

(non-refundable)

Due by June 1st

K3 to 8th grade:

1st child.....\$150. 00

2nd child.....\$75.00

3rd child.....\$50.00

STUDENT TUITION

K3: 3 - half days.....\$2540.00 (Mon.-Wed.-Fri.)
(10 monthly payments of \$254.00)

K3: 3- full days.....\$3400.00 (Mon.-Wed.-Fri.)
(10 monthly payments of \$340.00)

K3: 5-full days..... \$4200.00
(10 monthly payments of \$420.00)

K4: 5 - half days.....\$3400.00
(10 monthly payments of \$340.00)

K4: 5 - full days.....\$4200.00
(10 monthly payments of \$420.00)

K5 – 8th grade:..... \$4710.00
(10 monthly payments of \$471.00)

DISCOUNTS

- The first child (oldest) pays full tuition
- The second child receives a **15%** discount
- The third child receives a **25%** discount
- The fourth child receives a **35%** discount
- New families receive a 25% discount

Register before May 4th and receive
\$200 off on tuition (one child)
\$400 off on tuition (2 or more children)

TUITION PAYMENT OPTIONS

There are three payment options.

1. Pay in full by **8-8-16**, receive 2% discount
2. Pay two semester payments on **8-8-16** and **1-9-17**
3. Ten monthly payments to **FACTS** (*A \$50, non-refundable, fee will be paid by you for set-up and administration*)

CURRICULUM/TECHNOLOGY FEE

(Each student pays this fee. No discount is given)

Due by June 1, 2016

K3: Three/ Half Day	\$100.00
K3: Three/ Full Day.....	\$125.00
K3: Five /Full Days.....	\$175.00
K4: Five/Half Days.....	\$150.00
K4: Five/Full Days.....	\$175.00
K5 thru 8 th grade:	\$275.00

FUNDRAISING FEE

\$400 The first child

\$300 For each additional child

\$900 For a family of three or more children

Volunteer hours and fundraising help to reduce this amount.

EXTENDED CARE PROGRAM

Before School: **6:30a.m. until 8:30a.m.** (*All Students*)

0-1 hour- \$7.00/day

1 to 2 hours - \$10.00/day

After School: **3:30p.m. until 6:30p.m.** (*All Students*)

0-1 hour - \$7.00/day

1 to 2 hours - \$10.00/day

2 to 3 hours - \$13.00/day

CHRISTIAN HILLS CHURCH SCHOOL

9001 WEST 159TH STREET

ORLAND HILLS, IL 60487

PHONE: (708)349-7166

FAX: (708)349-9665

FAMILY INFORMATION

FATHER

Mr., Dr, Rev. _____

Address _____

City _____ State __ Zip _____

Home Phone# _____

Cell Phone# _____

Employer _____

Work Phone# _____

E-mail add. _____

Married___ Single___ Widowed_____

Divorced___ Separated___ Remarried_____

MOTHER

Ms., Mrs. _____

Address _____

City _____ State __ Zip _____

Home Phone# _____

Cell Phone# _____

Employer _____

Work Phone# _____

E-mail add. _____

Married___ Single___ Widowed_____

Divorced___ Separated___ Remarried_____

Names of Children

Ages

**WHY DO YOU WANT YOUR CHILD OR CHILDREN TO ATTEND
CHRISTIAN HILLS CHURCH SCHOOL?**

STATEMENT OF PARENT OR GUARDIAN

In signing this application, I agree to the following:

1. I have read and agree with the Statement of Faith of the school and am willing to have my children educated in accordance with it.
2. It is my responsibility to strive diligently toward the observance of the Christian Hills Church School rules and guidelines as God enables me by the power of His Holy Spirit.
3. The school has full discretion in the discipline of my child in accordance with its discipline policy.
4. The school has full discretion for the grade placement of my child.
5. The school reserves the right to dismiss any student who does not cooperate with the educational process.
6. I understand that tuition rates do not cover the cost of operating the school and thus my participation is needed in lending practical help and prayer support in a mutual effort to train our children.
7. I have read the policies relating to tuition payments and agree to pay all tuition fees and other financial obligations to Christian Hills Church School on or before the due date, without a reminder and in accordance with the policies.

SIGNED:

Father's Signature

Date

Mother's Signature

Date

Guardian's Signature

Date

CHRISTIAN HILLS CHURCH SCHOOL

9001 WEST 159TH STREET
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STUDENT APPLICATION

1. LEGAL NAME OF CHILD _____
GENDER _____ BIRTHDATE _____

2. ADDRESS _____
CITY _____ ZIP CODE _____

3. SCHOOL DISTRICT IN WHICH CHILD RESIDES _____

4. NAME AND ADDRESS OF CHURCH WHERE CHILD ATTENDS _____

5. GRADE TO BE ENTERED _____ ENTRANCE DATE _____

6. LIST ALL PREVIOUS SCHOOLS ATTENDED:

SCHOOL NAME	ADDRESS	GRADE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____

7. HAS YOUR CHILD EVER REPEATED A GRADE? YES___ NO___
IF YES, PLEASE EXPLAIN: _____

8. HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL IN THE PAST? YES___ NO___ IF YES, EXPLAIN _____

9. HAS YOUR CHILD'S SCHOOL EVER REQUESTED THAT YOUR CHILD BE TESTED FOR AN EMOTIONAL CONDITION? YES___ NO___ A PHYSICAL CONDITION? YES___ NO___
A LEARNING DISABILITY? YES___ NO___ A BEHAVIORAL DISORDER? YES___ NO___

THIS PAGE IS MANDATORY

MEDICAL PRE-CONSENT

IF AN EMERGENCY ARISES WITH MY CHILD, CHRISTIAN HILLS CHURCH SCHOOL HAS MY PERMISSION TO APPLY EMERGENCY FIRST AID DEEMED NECESSARY, AS WELL AS MOVE MY CHILD TO A HOSPITAL AND GIVE A PHYSICAL CHARGE OVER MEDICAL TREATMENT OR PROCEDURES DEEMED NECESSARY.

SIGNATURE OF PARENT OR GUARDIAN _____

KNOWN ALLERGIES _____

CHILD'S PHYSICIAN _____ PHYSICIAN'S PHONE# _____

INSURANCE COMPANY _____ Policy# _____

EMERGENCY PICK-UPS

PLEASE LIST AT LEAST THREE PERSONS OTHER THAN YOUR SPOUSE WHO COULD PICK UP YOUR CHILD WITH IN 30 MINUTES IF AN EMERGENCY ARISES.

1. NAME _____

PHONE HOME# _____ CELL # _____

2. NAME _____

PHONE HOME# _____ CELL# _____

3. NAME _____

PHONE HOME# _____ CELL# _____

Christian Hills School

T.R.I.P. - Overview

Tuition Reduction Incentive Program

Participating in T.R.I.P. offers an easy opportunity for families to accumulate tuition credits. T.R.I.P. enrollment is open to families who currently have children attending CHS, families who plan to send their children to CHS in the future, and donors who would like to assist other CHS families with the costs of their tuition.

Through the T.R.I.P. program, gift certificates from grocery and retail stores are purchased at a discount. The certificates are then sold to participating families at face value. The discount received is passed on to the family in the form of tuition credits. Tuition credits are applied as you instruct for any school fees.

For example, on Monday morning a family submits an order for \$100 in Dominick's grocery and \$50 in Speedway gas certificates. (In order for the school to place an order that week, all family orders combined must total at least \$500.) Their order is processed, and on Tuesday, they will receive their certificates, which are used same as cash at Dominick's and Speedway. Currently, the discount rate is 4% for both Dominick's and Speedway. The discount is then applied to this family's tuition. For this week, the Dominick's purchase would result in a credit of \$3.00, and the Speedway purchase would result in a credit of \$1.50. Although that may not sound like much, over the course of a year weekly purchases such as this would result in tuition credits of over \$220. Combine these savings with purchases from any of the over 100 merchants available through T.R.I.P., and the tuition savings can really add up!

Each December and May, statements are distributed to participating families advising them of the tuition credits earned for that period. The credit may be deducted on their next tuition payment, or applied to a future year's payments in the case of those that pre-pay their tuition at the beginning of the year. You may also choose to pay any other fee with your credits.

T.R.I.P. operates on a weekly basis during the year, with the exception of some weeks containing school vacation or holidays. Orders can be dropped off in the school office any time, but must be submitted by 10:00 am, Mondays, to be processed that day. The orders are then processed, and certificates from completed orders will be available at the school office by 3:15 P.M. the following Tuesday or Wednesday (during holiday times it may take longer due to high volume of orders). Certificates may be picked up at the school office any time during normal school hours. If specified, orders will also be distributed to students to bring home with them.

All families interested in participating in T.R.I.P. must enroll by completing the enclosed registration form and returning it. Certificates may be ordered as soon as the registration form has been processed and the fee collected.

So fill out your registration form and begin to watch your tuition credits grow!

T.R.I.P. Registration Form

2014– 2015 School Year

Christian Hills Church School

PLEASE READ ALL INSTRUCTIONS BEFORE FILLING OUT THIS FORM!

Complete this form and return it to the school office.

This registration form is for Family with student(s) enrolled for 2014-2015 school year
 Future Family. What year will your child enter school? _____
 Donor Participant

Is this the first time you have enrolled in T.R.I.P.? Yes No

Last Name: _____ Father: _____ Mother: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # Daytime: (_____) _____ Phone # Evenings: (_____) _____

E-Mail Address: _____

Name of youngest child enrolled at C.H.C.S.: _____ Grade: _____

Donor Participants ONLY complete this section:

Please apply my earnings to the General Tuition Assistance Fund

Please credit the following T.R.I.P. participating family account:

Participating Family Account #

Last Name: _____ First: _____

Address: _____ City _____ State: _____ Zip: _____

Apply credit anonymously: YES NO

Disclaimer: Complete this section if your child will be permitted to bring your certificates home.

CERTIFICATES WILL NOT BE SENT HOME WITH YOUR CHILD IF THE DISCLAIMER IS NOT SIGNED. Authorize one name ONLY.

I authorize the release of my T.R.I.P. certificates to my child. I will not hold Christian Hills Church School or T.R.I.P. responsible for any lost or misplaced certificates.

Student's first and last name: _____ Grade: _____

Parent's Signature: _____ Date: _____

**** I HAVE READ, UNDERSTAND AND WILL ABIDE TO THE GENERAL POLICIES OF T.R.I.P. ****

Signature: _____ Date: _____

For office use only: Check #

Date