

Hilltop Christian School Tuition and Fees Agreement School Year 2022 - 23

Student(s) Name/Grade

1.

2.

3.

4.

Registration Fees (Nonrefundable)

Registration is on a first come, first served basis. Returning student registration opens May 2th. New student registration opens May 16th. Current students who remain unregistered are not guaranteed a spot after May 16th.

- \$50.00 New Student Application Fee.
- \$150.00 Registration Fee for all new and returning students. Payment due May 20st through FACTS.
- \$175.00 Registration Fee after June 30. Payment due upon registration through FACTS.

Annual Tuition

Preschool -- 6th Grade : 1st Child \$3,400.00 2nd Child \$3,200.00 3rd Child \$3,000.00 4th Child \$2,800.00

1. All payments are made through **FACTS**.
2. **FACTS** contact information and registration: 866-441-4637 or <http://online.factsmgt.com/signin/46Q1Q>
3. Please read the FACTS information carefully for payment options, service charges and late payment / NSF fees.
4. A 2 % discount will be applied for tuition paid in full by the 1st day of school.
5. Tuition payment is due monthly on the date of your choice, beginning in July and going through April.
6. If payment is not made within 31 days of the due date, the child/children will not be allowed to attend class until your account is current.

After School Care (ASC) :

- \$25.00 per child annual, nonrefundable enrollment fee.
- \$5.00 charge per child per hour.
- Parents will be billed monthly through FACTS for After Care hours, as is tuition. After Care fees are noted as "Incidental Expenses".

Children Not Enrolled in After School Care :

- Children who are not picked up by the designated pick-up time (3:30 PM) will be taken to After School Care.
- A \$10.00 late pick up fee will be charged for each fifteen minutes for any child at school after the designated pick-up time. This will be charged through FACTS.

Promotion Fees:

\$30.00 Kindergarten End of Year Promotion Fee

Payment Method:

- FACTS is an online tuition management company.
- All payments will be made according to FACTS procedures.

I have read the information concerning tuition and other fees regarding my child/children as a student at Hilltop Christian School. I agree to the following by signing below:

- ❖ I agree to sign up for FACTS and pay registration, tuition, aftercare, and all other fees in a timely manner according to the payment plan.
- ❖ I agree that if my child's account is not kept current and becomes 30 days past due, I will keep my child/children at home.

Parent's/Guardian's Name (print)	Signature	Date
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Parent's/Guardian's Name (print)	Signature	Date
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HILLTOP CHRISTIAN SCHOOL
P.O. BOX 9090
WINDOW ROCK, AZ 86515
office@hilltopchristian.net
Phone: 505-371-5726 Fax: 505-371-5773

FOR OFFICE USE ONLY	
Gender	Grade
Start date:	
Withdrawal Date:	
Returning Student?	
Copy of Updated Immunization	
Copy of Birth Certificate	
Copy of Certificate of Indian Blood	
Date Received:	

STUDENT INFORMATION – PLEASE PRINT

Student Name: _____ Age: _____ Birth Date: _____

Resident of: (circle one) NM AZ Physical Address: _____

Please draw a map on the back page.

REQUIRED BIRTHDAY FOR ENTERING PRESCHOOL AND KINDERGARTEN

PK3: 3 years by Sept. 1, 2022	PK4: 4 years by Sept 1, 2022	Kindergarten: 5 years by Sept 1, 2022
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Navajo Census #: _____ Chapter: _____

If parents are separated or divorced, with whom does the child live? _____

Church family attends: _____ Pastor: _____

Please indicate tribe or ethnicity (race): _____ Primary language spoken in the home: _____

Allergies (especially include foods): _____

Medications: _____

Child's special interests or hobbies: _____

STUDENT ENROLLMENT FORM – SCHOOL YEAR 2022 – 23
PARENT / GUARDIAN CONTACT INFORMATION

STUDENT NAME: _____ D.O.B. / Grade: _____
 STUDENT NAME: _____ D.O.B. / Grade: _____
 STUDENT NAME: _____ D.O.B. / Grade: _____
 STUDENT NAME: _____ D.O.B. / Grade: _____

This information is very important!

Please fill in the following information legibly and accurately.

This is the information the school office and teachers will use in order to get in touch with you when we need to. This will include, but not limited to, child’s illness or injury while at school. Special events or changes in academic or after school schedules. School closings related to weather or mechanical problems such as water, heat, sewer, or structural problems.

NOTE: Multiple student families need fill out only one form per family if the information is the same for all children.

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian:	Relationship:			
Mailing Address:				
	P.O. Box	City	State	Zip Code
1 st Phone #:	<input type="checkbox"/> Mother’s Cell	<input type="checkbox"/> Father’s Cell	<input type="checkbox"/> Home	
2 nd Phone #:	<input type="checkbox"/> Mother’s Cell	<input type="checkbox"/> Father’s Cell	<input type="checkbox"/> Other _____	
E-mail:	<input type="checkbox"/> Mother’s	<input type="checkbox"/> Father’s	<input type="checkbox"/> Other _____	
E-Mail:	<input type="checkbox"/> Mother’s	<input type="checkbox"/> Father’s	<input type="checkbox"/> Other _____	
Employer:	Work Phone #			

Parent/Guardian:	Relationship:			
Mailing Address:				
	P.O. Box	City	State	Zip Code
1 st Phone #:	<input type="checkbox"/> Mother’s Cell	<input type="checkbox"/> Father’s Cell	<input type="checkbox"/> Home	
2 nd Phone #:	<input type="checkbox"/> Mother’s Cell	<input type="checkbox"/> Father’s Cell	<input type="checkbox"/> Other	
E-mail:	<input type="checkbox"/> Mother’s	<input type="checkbox"/> Father’s	<input type="checkbox"/> Other _____	
E-Mail:	<input type="checkbox"/> Mother’s	<input type="checkbox"/> Father’s	<input type="checkbox"/> Other _____	
Employer:	Work Phone #			

EMERGENCY CONTACT AND PEOPLE AUTHORIZED TO CHECK OUT STUDENT

(do not include parents/guardians who are listed above.)

1st Contact: _____ Phone #: _____

name relationship

2nd Contact: _____ Phone #: _____

name relationship

3rd Contact: _____ Phone #: _____

name relationship

4th Contact: _____ Phone #: _____

name relationship

We, the undersigned desire to enroll our child / children in Hilltop Christian School for the 2022 - 23 school year and have answered the above questions to the best of our ability. The information given is true. We understand that the school personnel will rely on the information provided.

I agree to keep my contact information current at all time. Contact information includes mailing address, e-mail address, and telephone numbers.

I agree to cooperate with and support the administration, teaching, and support staffs of Hilltop Christian School.

I will, to the best of my ability, support and follow the policies and procedures of the school.

I agree to directly communicate any concerns I may have with the appropriate individual.

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____

Physical Address – Please draw a map here using major highways.



NEW STUDENT INFORMATION
2022 - 23 SY
NEW K and above Students ONLY

STARTING INFORMATION

Student Name _____
LAST FIRST MIDDLE Goes By

Start Date _____ Entering Grade _____

STUDENT RECORD INFORMATION

Name of school student is currently attending. _____

STUDENT ACADEMIC INFORMATION

Is the student currently succeeding in school academically? YES ____ NO ____.

Has the student ever had, or does he/she currently have an I.E.P.? YES ____ NO ____ . If yes, what is/was the need? _____

Has the student been involved in any special supplemental program (such as speech, Title 1, other)?

YES ____ NO ____ . If yes, please explain: _____

Are there any other areas of concern about learning? _____

Has the student ever been retained in a grade? YES ____ NO ____ . If yes, explain: _____

STUDENT BEHAVIOR INFORMATION

Has the student ever had behavioral problems in school? YES ____ NO ____ . If yes, explain: _____

Has the student ever been suspended or expelled from school? YES ____ NO ____ . If yes, explain: _____

What methods of discipline have you found to be effective? _____

We are interested in teaching and training children academically, emotionally, physically, and spiritually here at HCS. We are looking forward to the possibility of serving your student and family. It is our desire for all students to succeed at HCS; therefore, all students are screened for suitable potential both academically and behaviorally.

TO BE COMPLETED BY PARENT/GUARDIAN

Please explain why you wish to enroll your student in HCS: _____

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY

Once we have received the completed HCS application forms and the new family information forms, a family interview will be scheduled with the Dean of Students. Within two weeks of your interview, you will be notified of the status of your student's enrollment at HCS.

Interviewed by: _____ Date: _____

Notes:

Approved by: _____ Date _____

Disapproved by: _____ Date _____