

Caldwell Adventist Elementary School

2017-2018 FINANCIAL AGREEMENT

BILLING INFORMATION

Name: _____ Phone: _____
 Address: _____ Email: _____
 _____ Zip _____ Church Membership: _____

Student Name(s): _____ **Grade:** _____ **Please select your payment plan:**
 _____ Monthly (10 months, August-May)
 _____ Semester (Due August & January)
 _____ Annual (Due August)

CHARGES	Annually	Monthly***
ENTRANCE FEE: Early \$269/\$294 Regular \$319 Mid-Year \$189 PreK – 8 th \$ _____ x _____ student(s)		
YEARLY TUITION:		
PreK-Kindergarten Full-time \$2,990 x _____ student(s)		
PreK- Kindergarten Part-time \$2,590 x _____ student(s)		
PreK-Kindergarten plus Stepping Stones \$3,440 x _____ student(s)		
1 st – 8 th Grade Constituent*: \$2,990 \$5,780 \$8,570 \$11,360		
1 st – 8 th Grade Non-Constituent: \$3,990 \$7,780 \$11,570 \$15,360		
Pro-rated Tuition (if student starts after Sept 1) \$ _____ per day x _____ days		
Unlimited Before and After School Care: \$50 per month x _____ students		
PREVIOUS BALANCE: (if any)		
TOTAL CHARGES:		
CREDITS		
Worthy Student Assistance (School)		
Worthy Student Assistance (Church)		
Educational Allowances/Subsidies/Scholarships (if applicable)**		
DISCOUNTS: 3% full year payment 2% full semester payment		
TOTAL CREDITS:		
BALANCE (total charges minus total credits):		
FIRST PAYMENT (required to begin school):		
BALANCE REMAINING:		

* Constituent rates apply to members of the Caldwell Adventist Church, Nampa Adventist Church, and Gem State Academy Church. If you are not a member of these churches, you must use the non-constituent rates. Non-constituent church members may contact their church for financial assistance. ** Educational allowances and subsidies may apply to Idaho Conference employees. **Parents applying for scholarships are responsible for any unpaid balances if award is not received.**

TERMS OF AGREEMENT:

I agree to make a total of **10 monthly payments** in the amount of \$ _____, beginning in **August through May** for tuition. I understand these payments are due by the **10th of the month**, after which they are considered past due and a late fee of \$10 will be charged. I understand that diplomas and transcripts will not be released until past due accounts are paid in full. **I also understand my account must be kept current for my child(ren) to be granted the privilege of attending CAES. I have read the school handbook. I agree to the fees and financial policies as stated on the back of this financial agreement.**

Signature of Responsible Party _____ Date