

## Welcome to Eastridge Christian School

### Preschool through Kindergarten

*Linda Gibbs, Director*

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### 2020-21 MOMMY & ME CLASS REGISTRATION

Thank you for your interest in Eastridge Christian School!

Mommy & Me is an interactive play program for children ages 18-30 months and their parent. The class is 90-minutes long and includes an active play time and sensory play in which your little ones will get to "explore" several different learning stations at their own pace. During circle and music time we teach different movements that coordinate with songs that are played in a loving Christian environment. Parents are encouraged to participate as children love to imitate and follow along. Arts-and-crafts is a time for age-appropriate crafts that encourage creativity with finger painting, coloring, sticker fun, and gluing various objects to paper. Class time ends with a snack and free play. This is a great class for developing social skills. Class is held every Wednesday from 10:30-12:00 p.m. September through May, and tuition is \$210 per quarter.

Registrations are accepted on a first-come, first-served basis and we require a \$25 non-refundable Registration Fee at the time of enrollment. The Registration Fee payment will be processed electronically at the time of enrollment. *Please note that if you withdraw your child, the Registration Fee is non-refundable.*

All Eastridge Christian School payments will be processed electronically. **Please be sure to submit the appropriate Tuition Express form with your paperwork at the time of enrollment.**

If you have any questions, please feel free to call us or email the school office at any time. Thank you again for your interest in Eastridge Christian School. We look forward to serving you in any way we can.

**FOR OFFICE USE ONLY**

Start Date: \_\_\_\_\_  
Tuition Amount: \_\_\_\_\_  
Tuition Express: \_\_\_\_\_

**eastridge<sup>+</sup>**  
**christian school**

***A ministry of Eastridge Church***

24205 SE Issaquah-Fall City Road, Issaquah WA 98029

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**MOMMY & ME CLASS REGISTRATION SCHOOL YEAR 2020-21**

Child's Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Child's Name to be called at school: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Step-parent ☐ Grandparent ☐ Other: \_\_\_\_\_

Mark all that apply: ☐ Child lives with ☐ Emergency contact ☐ Authorized to pick-up

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Parent/Guardian #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Step-parent ☐ Grandparent ☐ Other: \_\_\_\_\_

Mark all that apply: ☐ Child lives with ☐ Emergency contact ☐ Authorized to pick-up

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**For new students, how did you learn about our school?**

☐ Friend/referral Name: \_\_\_\_\_

☐ Website

☐ Sign

☐ Attend Eastridge Church

☐ Other: \_\_\_\_\_

**Are you interested in learning more about Eastridge Church? ☐ Yes ☐ No**

*Eastridge Christian School welcomes students of any race, color, and national or ethnic origin.*

### Tuition Payment Processing

The tuition rate structure is based on **three equal payments:**

**1<sup>st</sup> payment of \$210 is due on August 1<sup>st</sup>** for September/October/November

**2<sup>nd</sup> payment of \$210 is due on November 1<sup>st</sup>** for December/January/February

**3<sup>rd</sup> payment of \$210 is due on February 1<sup>st</sup>** for March/April/May

All school fees are processed electronically through Tuition Express, a service of Procare. *Payments are not accepted in the office.* Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments will require an additional processing fee of 3% while bank drafts require no additional fee. Please make your selection using one of the included forms.

Refunds or credits will not be given for absences, illness, vacations, or school closures due to weather or emergency situations.

Pre-payments will be processed on each due date as outlined above. If other arrangements need to be made, please contact the office immediately. *Please note that a \$35 fee will be assessed on all returned or declined payments.*

Tuition refunds will not be issued for partial months of attendance.

#### **Financial Agreement:**

***I understand that tuition is due on each due date as outlined above and that a fee of \$35 will be assessed on returned or declined payments.***

I agree to pay tuition of \$210.00 on each due date as outlined above during my student's enrollment at Eastridge Christian School. I understand the Registration Fee of \$25 will be processed electronically upon enrollment with Eastridge Christian School and is **non-refundable**.

***I also understand that any applicable school fees are added to my account as they are incurred and processed electronically along with the tuition payment as outlined above.***

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

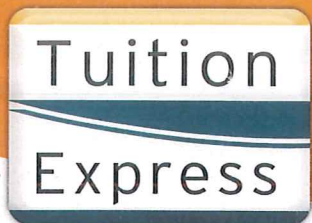
### Parental Consent

I understand that my child may be photographed while at school for use on bulletin boards and occasionally in art projects. My child may be asked to participate in video productions to be used as ministry advertisement within the school or church. I understand that my child's name will not be attached to photo or to the Eastridge Christian School/Eastridge Church website without my consent (**signature below gives your consent**).

I understand that it is my sole responsibility for any medical expenses associated with injuries or sickness sustained while at school or while participating in school events. I agree to hold Eastridge Christian School, Eastridge Christian Assembly, its directors and employees harmless for claims of liability while my child(ren) is/are at the school or in the care of the school's staff.

Eastridge Christian School requires a 30-day written notice to withdraw enrollment. I agree to notify the school office via email of my child's withdrawal no less than 30 days prior to the withdrawal date. Tuition refunds will not be issued for partial months of attendance.

Parent or Legal Guardian Signature: \_\_\_\_\_



# TUITION EXPRESS

## Automatic Payment Processing Safe — Convenient — Easy

Eastridge Christian School is excited to offer you the convenience of Tuition Express — an automated payment processing system to pay tuition and fees electronically.

Tuition Express is a Payment Card Industry Level 1 Service Provider and it is the premier payment processing solution in the child care/early education industry.

- Check your balance online
- Free email payment statements
- Over 12 million safe transactions since 2003

Since 2003, Tuition Express has safely and conveniently processed billions in tuition and fee payments. Your account information is safe. Write checks no more. And easily have your payment made on time, every time.

Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments will require an additional 3% processing fee while bank drafts require no additional fee.

***Payments are processed on the 1<sup>st</sup> of each month. If you need to make other arrangements, contact the office.***

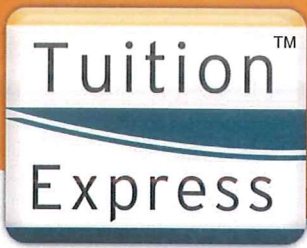
***Please note that a \$35 "Non-Sufficient Funds" fee will be assessed on all returned payments.***

***A two-week notice is needed to change your checking account or credit card information.***

*Please note that we will not be accepting any payments in the office.*

We encourage you to create an account on the Tuition Express website at [www.TuitionExpress.com](http://www.TuitionExpress.com) to view your monthly balance (tuition, any applicable Lunch Bunch fees, field trip fees, etc.) before it is processed.





**Automated Payment Processing**  
**Safe – Convenient – Easy**

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We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize **Eastridge Christian School** to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. **Furthermore, I understand that a three percent (3%) credit card fee will be assessed and added to the tuition payment made on my credit card.**

We accept Visa, MasterCard, and Discover for payments made by credit card.

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date	Card Type (Visa/MasterCard/Discover)	
Cardholder Signature		Date	

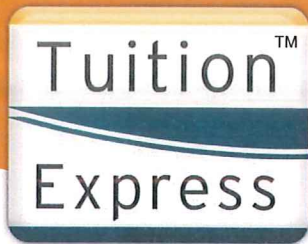
**For Official Use Only**

Date Received

Employee Signature

A service of





**Automated Payment Processing**  
**Safe – Convenient – Easy**

**eastridge<sup>+</sup>**  
christian school

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION**

I (we) hereby authorize **Eastridge Christian School** to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

☐ Checking ☐ Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here \$ _____		
		Deposit slips not accepted _____ Dollars		
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

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