

**Bethel Baptist Christian School Contract 2023-2024**  
**1004 Yorktown Road Yorktown, VA 23693**  
**Office (757)867-6216 Fax (757)867-7254**

Preschool

**Child's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Male** ☐ **Female** ☐

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Attention Parents:**

***Please read this form carefully before signing. You will receive a copy of this agreement for your personal records. No exceptions will be made to the policies on this Contract.***

**FEES DUE AT REGISTRATION** \_\_\_\_\_ Initials

I/we understand that at registration I am paying three fees.

1. A **Registration Fee** that includes office processing.
2. A **Curriculum/Supply Fee** that includes the following: My child's school supplies & curriculum for daily activities, personalized BBCS tote bag, a field trip and yearbook.
3. A **Reservation of Space/LMT Fee**: The reservation fee holds my child's spot in a preschool class. This fee is NONREFUNDABLE under any circumstances. This fee will be applied to your child's Last Month's Tuition (LMT).

**WITHDRAWAL BEFORE AUGUST 15<sup>TH</sup>** \_\_\_\_\_ Initials

I/we understand that NO fees are refundable after August 15, 2023. These fees will be used as the 30-day notice for withdrawal (see handbook).

I/we understand the following policies for reimbursement before August 15, 2023:

1. Registration Fee and ½ of the Curriculum/Supply Fee are refundable with written notice before (postmarked or in office) August 15, 2023.
2. Reservation of Space Fee is NONREFUNDABLE under any circumstances. PLEASE BE ADVISED: We do not make allowances for changes in military orders, relocation, or family circumstances.

**FINANCIAL AGREEMENT** \_\_\_\_\_ Initials

I/we hereby understand, accept, and agree to pay the tuition amount agreed upon at registration by the first school day of each month starting in September as long as my child is enrolled. I understand that a late payment of \$20 will be assessed after the due date. Each month's tuition is the same amount from September until May, regardless of holiday breaks and/or absences.

**WITHDRAWAL DURING SCHOOL YEAR** \_\_\_\_\_ Initials

I/we understand that any withdrawal during the school year from Bethel Baptist Christian School must be given in writing at least 1 month in advance. Reservation of Space/LMT Fee paid at registration will be used as tuition between my withdrawal statement and withdrawal date.

**PHOTOS** \_\_\_\_\_ Initials

I/we understand that candid photos of my child will be taken throughout the year. Please respect the privacy of all our students and families by not posting pictures of students, other than your own, on any form of social media. BBCS will respect your privacy and will not post pictures on nonsecure websites without parent's authorization.

**EMAIL** \_\_\_\_\_ Initials

I/we understand that email is one of BBCS's primary forms of communication. Email addresses will be included in the classroom distribution list.

**DIRECTORY**

☐ **YES**, please include my information in the Bethel Baptist Christian School's Classroom Directory.

\*\*\*BBCS will distribute directory information for each class. It is to be used only for contact information purposes by other Bethel Baptist Christian School families (carpools, play dates, etc.).

**I/WE HAVE REVIEWED ALL TERMS AND CONDITIONS IN THIS CONTRACT & PARENT HANDBOOK AND UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS HEREIN.**

**HANDBOOK WEBSITE:** [www.bbcstyorktown.org](http://www.bbcstyorktown.org) **PASSWORD: BBCS23-24**

**I/WE AGREE TO ESTABLISH A POSITIVE AND CONSTRUCTIVE RELATIONSHIP WITH BBCS.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Received \_\_\_\_\_ Enrolled by: \_\_\_\_\_

Office Use Only

Birth Certificate# \_\_\_\_\_ / \_\_\_\_\_ (initial)

**Preschool Classes**

Class Age \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Curriculum/Supply Fee \_\_\_\_\_  
Reservation of Space/LMT Fee \_\_\_\_\_  
Check Total \_\_\_\_\_  
Check Number \_\_\_\_\_

Referred by: \_\_\_\_\_

Class Age	_____
Registration Fee	_____
Curriculum/Supply Fee	_____
Reservation of Space/LMT Fee	_____
Check Total	_____
Check Number	_____