

OPEN DOOR CHRISTIAN SCHOOL

793 LIPPENCOTT ROAD, WAYNESBURG, PA 15370 (724) 852-1871

"Behold, I have set before thee an OPEN DOOR, and no man can shut it."
Revelation 3:8



Multiple Student Enrollments in Family:

1 st Child = Full Tuition	\$300.00
2 nd Child = 10% Discount	\$270.00
3 rd Child = 15% Discount	\$255.00
4 th Child = 20% Discount	\$240.00
5 th Child = Free	
K4-K5	\$330.00
	\$297.00
	\$280.50
	\$264.00

Note: Beginning in the 2024/2025 school year the business office will apply **ONE** of the discounts that are available to families. For example, if family is an employee of the school the family will receive either the above discount or the employee discount, whichever is greater.

Monthly Installment Payments:

ALL INSTALLMENTS ARE BASED ON 10 MONTHS	
Grades K4-K5 Yearly Tuition =	\$3300.00
Monthly Tuition =	\$330.00
Grades 1-12 Yearly Tuition =	3000.00
Monthly Tuition =	\$300.00

Registration Fees are required for enrollment
Early Re-Enrollment Fee is **\$120.00** to be paid before June 1.
Regular Registration Fee is **\$150.00** to be paid by first day of school.

Note: There are no exceptions to this fee. There may be additional fees applied throughout the school year such as assignment pad fee, lab fee, graduation fee, replacement book fee, etc. If these are applicable to you, they will appear on your statement when necessary.

Signature Parents _____

Signature of School Officials _____

Enrollment will begin on _____ All Fees Paid **YES / NO**

Date _____

Receipt # _____

Taken by _____

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FINANCIAL RESPONSIBILITY

Account Number _____ Enrollment Date _____

Account Name _____ Bill Paid by _____

Name _____
Address _____
City, State, Zip _____

Student	Reg. Fee	Monthly Tuition	With Discount	Yearly Tuition	With Discount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

By signing this contract, I/we agree to the conditions and requirements of enrollment of our child/children in the Open Door Christian School. I/we agree to make the above payments. We will make ten (10) monthly installments beginning in August and ending in May of _____. If monthly installments are paid by the 15th of the month, there will be a \$10.00 discount per student applied to your account.

We will notify the school office of any problems in making any required payments to inform and make payment arrangements.

- 30 days behind will result in a board review of your account and **possible** removal of students until payment is made.
- 60 days behind will result in **definite** removal of student/s until payment is made.
- 90 days behind will result in **possible legal action**.
- There will be a \$35.00 fee for all returned checks.
- There will be a \$20.00 late fee will be applied to any past due balance at the end of each month.
- Please know that the School Board will review and exercise genuine understanding regarding your situation.