

The Pines Christian School

25200 S. Western Ave. Harbor City, CA 90710
(310) 325-1213

Tuition and Payment Information 2019

Annual Tuition- The annual tuition covers the academic school year only, from the first week to the last week of school (*including ALL holiday and vacation weeks*). The academic year usually consists of 41 weeks. The annual tuition increases slightly from year to year. To see the current rates, pick-up a Rate Sheet in the office. Because you are paying off an annual tuition, you must pay your tuition even when you are not attending.

Monthly payments are figured by dividing the annual tuition into ten (10) monthly payments. These payments, in full, are due by the 5th day of each month. There will be a \$45.00 **cumulative late fee added to all monthly payments received after the 5th. If a payment is not received by the 15th day of the month, then your student/students will not be admitted to school until your account is made current. If the above terms cannot be met, arrangements must be made in the office in advance.

Weekly payments are figured by dividing the annual tuition into forty-one (41) weekly payments (*including ALL holiday and vacation weeks*). These payments, in full, are due on or before Tuesday each week. There will be a \$10.00 **cumulative late fee added to all payments received on Wednesday or later. If a payment is not received by Monday of the following week, then your student/students will not be admitted to school until your account is made current. If the above terms cannot be met, arrangements must be made in the office in advance.

Daycare Hours and Billing

School hours are as follows:

Kindergarten through First Grade	9:00 am – 2:45 pm
Second through Third Grades	9:00 am – 3:00 pm
Fourth Grade	8:30 am – 3:00 pm
Fifth Grade	8:30 am – 3:00 pm

There is a 30-minute “grace period” before and after school. All students signed in before the morning grace period will be billed for morning daycare. All students on campus after the grace period will be billed for afternoon daycare. See the Rate Sheet for current daycare prices. Daycare opens at 6:00 am and closes at 6:00 pm. All students signed out after 6:00 pm will be charged \$1 for each minute past 6:00 pm.

Late Fees- We are committed to providing your family with a quality educational environment, with many convenient services, at the most competitive price possible. We have made every attempt to keep our fees as low as possible. Because of this commitment, it is important that you are “on time” with your tuition payments.

Weekly payments are due on or before Tuesday. All weekly payments received after Tuesday will be charged a \$10 **cumulative late fee.

Monthly payments are due on or before the 5th day of the month. All monthly payments received after the 5th will be charged a \$45 **cumulative late fee. Late fees are cumulative, and must be paid with the tuition.

****Late fees are cumulative; additional late fees will be added weekly or monthly on accounts with outstanding balances.** Initial that you understand our late policy and agree _____

Student's Name _____

Parent Signature _____ Date _____

(Please completely read prior to signing)

OVER

The Pines Christian School

25200 S. Western Ave. Harbor City, CA 90710
(310) 325-1213

We are in accord with the purposes of and procedures governing the following trip/trips. We hereby grant permission for our son/daughter to participate in the following:

All Chapel Walking Trips to King's Way Church 2019/20

We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless The Pines Christian School, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. In the event that a student must return to school independently for reasons of health, accident, and failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Student Name _____

Parent or Guardian signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Required medications: _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other _____

Required medications: _____

Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Forms are on record in the Office.

Comments
