

City of Faith Christian School

Advancing the Kingdom Of God by Developing the Next Generation of Leaders

3445 & 3453 White Plains Road • Bronx • New York 10467 • Tel: (718) 798-3052 • Fax: (718) 652-5442

PARENT'S CONTRACT

Student's Name: _____

Parent's Name: _____

I/we hereby accept the policies of City of Faith Christian School for the _____ to _____ school year as outlined in the Handbook. I/we agree to abide by and ensure that my child/children uphold them as well.

I/we am cognizant that, **City of Faith Christian School** is a Christian School. I am aware that Religious lessons are part of the school's curriculum. I/we agree to have my child/children participate in these classes as well as fulfilling my responsibility for my child/children's spiritual growth by seeing that there is regular attendance in the church of my choice.

I/we understand that all fees, which include Registration and Book Fees are **non-refundable**.

I/we hereby agree to make my/our child/children tuition payments on a required monthly basis, by the first school day of each month. I/we also agree to pay a late fee of **10%** if my/our tuition payment has not cleared during the grace period specified. I/we will also pay a **\$30** fee if any check is dishonored. I/we understand that it is **City of Faith Christian School's** policy to enforce school exclusion for any family whose tuition payment or other fees are outstanding.

I/we agree to participate in All Fundraising Programs.

Nondiscriminatory policy: The City of Faith Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarships and loan programs and athletic and other school-administered programs.

I/we agree that the school reserves the right to disenroll a child if he/she presents challenges and behaviors beyond the scope of the school's ability to handle.

It is my/our intention to comply with this agreement, which is a registration requirement. **Please sign to indicate your willingness to cooperate and abide by the school's policy.**

(Parent's Signature)

Date: _____

(Parent's Signature)

Date: _____

(School Official)

Date: _____