

Puget Sound Christian School & Daycare

1740 South 84th Street Tacoma, Washington 98444

Office 253.537.6870

Fax 253.535.3822

Website: pschristianschool.com

2021-2022 Financial Agreement

Please list all information for the person(s) financially responsible for this account.

(Please Print)

1. Name _____ SS# _____ - _____ - _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Billing Address _____ City _____ State _____ Zip _____

2. Name _____ SS# _____ - _____ - _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Billing Address _____ City _____ State _____ Zip _____

Office Use Only This Section:

	Child 1		Child 2		Child 3		Child 4		Totals
Name	_____		_____		_____		_____		
Grade	_____		_____		_____		_____		
Registration/Yr.	_____	+	_____	+	_____	+	_____	=	_____
Discount	-		-		-		-	=	-
Reg. Totals	_____		_____		_____		_____	=	_____

Yearly Tuition	_____	+	_____	+	_____	+	_____	=	_____
Sibling Disc.			-10%		-20%		-30%	=	-
Other Disc.	-		-		-		-	=	-
Tuition Totals	_____		_____		_____		_____	=	_____

Daycare:
 Full Time _____ + _____ + _____ + _____ = _____
Daycare Totals _____
 My child(ren) will be in hourly daycare. Monthly Transportation Fee Per Child _____

Payment Options: *10 Month Payments (Sept.-June) = _____
 Tuition Paid in full by **8/31/2021** (4% Discount)
 Total Amount Due \$ _____ * All students registered in full-time daycare will automatically be assigned to the 10 month payment plan.

I (we) agree to the financial terms and conditions set forth in the school handbook. Any deviation from set terms or conditions shall be requested in writing and will not be effective until approval has been granted from the appropriate source.

I (we) agree to pay PSCS all tuition, daycare, registration, late fees, etc., incurred during the 2021-2022 for the above listed students.

Signature _____ Date _____
 Signature _____ Date _____

How did you hear about PSCS? A Current PSCS Family, Name _____ Phone Book
 Website _____ We're a Returning Family Other _____