

# Puget Sound Christian School & Daycare

1740 South 84th Street Tacoma, Washington 98444

Office 253.537.6870

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Website: pschristianschool.com

## 2024-2025 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	-		-		-		-	=	-
<b>Reg. Totals</b>	_____		_____		_____		_____	=	_____

Yearly Tuition	_____	+	_____	+	_____	+	_____	=	_____
Sibling Disc.			-10%		-20%		-30%	=	-
Other Disc.	-		-		-		-	=	-
<b>Tuition Totals</b>	_____		_____		_____		_____	=	_____

**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 **8/31/2024** (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 2024-2025 school year/summer camp 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 \_\_\_\_\_