



2255 Sullivan Road
Aurora, Illinois 60506
p. 630.892.1551
f. 630.892.1692
www.aurorachristian.org

PRESCHOOL TUITION CONTRACT

The operation of Aurora Christian Preschool is primarily tuition based; therefore, in order for the school to run smoothly, families must honor their financial obligations. We believe that this commitment is an investment in your child's educational and spiritual formation. The tuition and fees for Aurora Christian School are approved annually by the Board of Directors. It is the responsibility of the board to ensure that adequate financial resources are available to the school and that enrollment is as affordable as possible. The following policies are in effect for tuition and fees:

TUITION PAYMENT AND FEES

Your family's financial information can be found in FACTS. Tuition payments and fees are paid directly through FACTS, and are due according to the payment schedule you choose in FACTS.

All families are responsible for meeting their tuition obligation to ACS on a timely basis.

LATE PAYMENTS

If a payment is not made for the current month, and arrangements have not been made in the office, your child may be asked not to return to school until the account is made current. Please see the Parent Handbook under Finances.

WITHDRAWAL/REFUND POLICY

Withdrawals should be handled through the school office. Written notice should be given one month in advance if possible. Tuition adjustments will be made only in the case of moving from the area or loss of job by head of household. Enrollment and Curriculum/Activity fees are non-refundable.

RETURNED CHECK FEE

A \$25.00 returned check fee will be assessed for any check returned to ACS as non-payable.

PRESCHOOL CLASS AND SCHEDULING INFORMATION

STUDENT NAME _____ DATE OF BIRTH _____

Grade (Circle Choice) P21/2 P3 P4 (age by Sept. 1st)

Schedule (Circle Choice) M/W/F M-F Other Arrival Time: _____ Departure Time: _____

My signature affirms that I have read, understand, and accept the terms and conditions of this contract.

PARENT/GUARDIAN NAME _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

AGREEMENT SIGNED BY SCHOOL OFFICIAL _____ DATE _____

Office Use:
Enrollment Fee _____ Check# _____ Credit Card _____ Cash Rec# _____ Date Received: _____ Received by: _____



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PARENT COOPERATION FORM

Your signature on this form indicates your cooperation with all school policies from the time of initial enrollment until the named student has graduated or officially withdrawn from Aurora Christian Schools. This form can be updated at any time by contacting the school office.

STUDENT NAME(S)

DATE OF BIRTH

MISSION STATEMENT

To lead students to a personal relationship with Jesus Christ, educate them from a Christian worldview, and prepare them for a life of service to Christ and their world.

STATEMENT OF NONDISCRIMINATION

Aurora Christian Schools admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to ACS students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, tuition assistance awards, athletic and other school administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying disability, or whose personal life-style is not in harmony with the stated philosophy and purpose of Aurora Christian Schools.

SCHOOL/HOME COMMUNICATION POLICY

It is the policy of Aurora Christian Schools to communicate educational and personal information about a student only with the custodial parent(s) or guardian(s) with the designation "Custody" in FACTS SIS (the school's administrative software). It is the responsibility of parents at enrollment to accurately provide family demographics, emergency contacts, and approved communication recipients. In the event of joint or sole custody, Aurora Christian Schools will abide by the legal documentation provided.

PRIVACY STATEMENTS: ADDRESS/IMAGE

Address/phone lists are always available to administrators, secretaries, teachers, and coaches for the efficient running of school programs. Limited address/phone lists are accessible through FACTS SIS and are meant for the personal, non-commercial use by ACS families for school related events. Any use of these lists for solicitation of any kind is prohibited and should be reported. However, we realize that some families choose not to make their address/phone information available to other school families. Initial on the line below if you do NOT want ACS to distribute your address/phone information to other school families.

_____ **Please do NOT distribute our address/phone information to other school families.**

School activities and events are often photographed or videotaped by the school to share with families through social media or to be used in promotional and/or advertising materials. I/we hereby give consent for the school to share my/our child's likeness on social media and to use my/our child's likeness in promotional and/or advertising materials. Initial on the line below if you do NOT wish your child's image to be used in promotional and/or advertising materials. Please note: this statement does not include pictures taken by the news media or pictures for use in ACS yearbooks.

_____ **Please do NOT use my child's image in promotional and/or advertising materials.**

PARENT STATEMENT OF COOPERATION

We understand that enrollment in Aurora Christian Schools is not a right, but a privilege, and do affirm that there are standards that must be maintained for the welfare of each student as well as for the entire school. Therefore, if this application is accepted, we hereby give permission for our student's teachers and/or other agents of the school to make and enforce classroom regulations in a manner consistent with biblical principles of discipline as set forth in Scripture. We also understand that all students, regardless of age, must live with a parent or legal guardian to maintain enrollment. We will continue to uphold the authority of the teachers and staff of Aurora Christian Schools by recognizing their right to use necessary disciplinary measures. We will acquaint ourselves with the grounds for dismissal in both academic and disciplinary circumstances outlined in the handbook, and we will cooperate fully in this regard. If we ever find that we cannot accept the disciplinary standards of ACS or if our student fails to meet the minimum academic requirements, we may withdraw our student or face possible dismissal. In the event of academic failure where no alternatives are available, or if, for disciplinary reasons, the school must expel our child, we will forfeit all fees and tuition monies paid. All tuition paid is nonrefundable, including the Tuition Deposit. We understand that the only exception to this policy is for a family who must move out of the school area. In that event alone, a prorated tuition refund will be made. We understand that we have entered into a contractual relationship with ACS for the payment of all tuition and related fees for the entire school year, and that we agree to abide by the tuition policies of ACS as stated above and in the Parent/Student Handbook.

PARENT/GUARDIAN SIGNATURE

DATE



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PRESCHOOL STUDENT INFORMATION

Student Information

First Name: _____

Middle Name: _____

Last Name: _____

Grade in the fall: _____

Birthday: _____

Gender: _____

Special Medical Info: (allergies, meds., etc.)

Child's Dr. & Phone: _____

Family Information

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Mother's Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Marital Status: _____

Student Lives With: _____

Home Church: _____

Other Information

Emergency Contact: _____

Cell: _____

Home: _____

Work: _____

Other Family at ACS:

Thank you for enrolling at Aurora Christian Schools.

The information collected on this form will be maintained in the school's database, FACTS SIS.

For Office Use Only

Date Rec'd:

Rec'd by:

Entered:



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MEDICAL RELEASE

STUDENT NAME

DATE OF BIRTH

EMERGENCY CONTACT INFORMATION

It is the responsibility of the parent or legal guardian to keep all demographic data (phone numbers, address, email, emergency contacts) up-to-date with the school office or online via FACTS SIS.

MEDICATION GUIDELINES

Medicine should ordinarily be administered in the home. However, at certain times, medication may need to be administered during the school day in order that a child can attend school on a regular basis. Forms are available in the office.

ACETAMINOPHEN RELEASE (6-12 Grades only)

The student listed above has my permission to receive acetaminophen tablets, chewable or adult, in the dosage corresponding to the child's age for complaints or headache or general malaise as dispensed by Aurora Christian Schools. Please check one:

Yes No

SPECIAL MEDICAL CONCERNS

Is there any special medical information that the school needs to be aware of, i.e. allergies, medication, previous surgery? (please list in the space below)

INSURANCE INFORMATION

(A copy of the front and back of your insurance card should be attached.)

Name of Health Insurance Company: _____

Policy Number: _____

Phone Number: _____

PERMISSION TO SECURE MEDICAL ATTENTION

In case of sickness or injury, Aurora Christian Schools has my approval to secure, at my expense, medical attention as needed, if I am unable to be reached at any emergency contact numbers in FACTS SIS.

PARENT/GUARDIAN NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE