

Located at:

Vista Baptist Church

901 N. Parker St.

Olathe, KS 66061

Enrollment Form

Student Name: _____

Age: _____ Grade: _____ Birthdate: _____

Address: _____

Years Homeschooled: _____ Attend Church Where: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Address (if different from above) _____

Email Address 1: _____ Email Address 2: _____

Best Number to reach you during school hours: _____

Emergency Contact 1: _____ Phone Number: _____

Emergency Contact 2: _____ Phone Number: _____

Physician's Name: _____ Phone Number _____

Is there anything we need to know about your child's health? (Allergies, etc.) _____

Please describe any disciplinary/behavior issues in detail. _____

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This form will help you know how much tuition is due with your enrollment paperwork. You will only need **one** of this form per family.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Tuition Fees: 1 full day per week: \$95 per month

Fall Semester Tuition Due: If you are enrolling more than one child:
Sep, Oct, Nov, Dec 2 children for 1 full day per week: \$180 per month

Spring Semester Tuition Due: 3 children for 1 full day per week: \$220 per month
Jan, Feb, Mar, Apr, May

First Month Tuition:	\$ _____
Supply Fee:	\$45.00 one child OR \$90.00 max per family _____
Total Fees Due	\$ _____
At Enrollment:	

Please make sure you have completed the following forms; enrollment form, liability waiver and medical consent.

Please make check payable to HECJC.