## **Unity Christian School**

100 East College PO Box 310 Energy, IL 62933 618-942-3802

www.ucswarriors.com



Family Registration Fee: Returning Family --- \$150

(\$225 if received after April 3<sup>rd</sup>)

**New Family --- \$225** 

Registration Fee is Non-Refundable.

PLEASE COMPLETE THE REGISTRATION FORM AND CONTRACT.
RETURN WITH REGISTRATION FEE TO THE SCHOOL OFFICE.
(ONE FORM PER FAMILY)

## **REGISTRATION 2018-2019**

	Parent/Guardian Name:	
	Address:	
	• City, State, Zip:	
	• Phone #1: Pho	ne #2:
	• E-Mail:	
	• Church:	
	<ul> <li>Public School In Which Your Child Wo</li> </ul>	uld Attend:
	STUDENT NAME:	
		Pate of Birth:
	STUDENT NAME:	
	Grade Entering: D	Pate of Birth:
	STUDENT NAME:	
	Grade Entering: D	Pate of Birth:
	STUDENT NAME:	
	Grade Entering: D	Pate of Birth:
Pleas	se choose one:	
	Full Payment Plan 5% discount if paid by August 1st	
	Two Payment Plan 2.5% discount with half due Aug 1st & half due Dec 1st	
	FACTS 10 Month Plan (August - May)	
	FACTS 12 Month Plan (June - May) or (July – June)	
	FOR OFFICE USE ONLY	
	Date Received: Amount:	
	Sycamore One Call Email	CC Billing Contract