



Middletown Christian School  
Of Seventh-day Adventists

70 Highland Avenue  
Middletown, NY 10940  
Phone: (845) 343-3775  
Fax: (845) 343-6633

**SCHOOL /PARENT CONTRACT 2021-2022**

This contract is between \_\_\_\_\_ and the  
Middletown Christian School of Seventh-day Adventists.

I am aware that the registration fee is \$ \_\_\_\_\_ for my student(s) and is payable with the  
first month's tuition by the registration date \_\_\_\_\_ before my child(ren) can  
start school. The amount below represents all subsidies and discounts.

I am aware that the tuition per month is	\$ _____	1 <sup>st</sup> student	<u>Grade</u> _____
	\$ _____	2 <sup>nd</sup> student	_____
	\$ _____	3 <sup>rd</sup> student	_____
	\$ _____	4 <sup>th</sup> student	_____

**TOTAL TUITION DUE BY THE 1<sup>ST</sup> OF EACH MONTH** \$ \_\_\_\_\_

I am aware that the total yearly tuition will be paid monthly for a period of no more than ten  
months concluding before the last day of the current school year.

I am also aware that the student's account must be paid in full in order to participate in graduation  
exercises and receive a diploma. The school cannot release records for the school year and  
transcripts forwarded until the account has been paid in full (See "Tuition" in Student Handbook,  
pp. 6,7).

I have reviewed online or received the following:

- Student Handbook** \_\_\_\_\_
- Financial Information Sheet** \_\_\_\_\_
- School Calendar** \_\_\_\_\_
- Classroom Supply List** \_\_\_\_\_
- Uniform Policy** \_\_\_\_\_
- Computer Usage Policy** \_\_\_\_\_

I HAVE READ, UNDERSTAND, AND AGREE WITH THE INFORMATION IN THIS CONTRACT.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: To ensure prompt handling of your payment, please pay the Monthly Charges or the  
Balance by the 1<sup>st</sup> of each month. Make check or money order payments to: MIDDLETOWN  
CHRISTIAN SCHOOL.**