



Registration/Tuition Contract 2022-2023

Student's Name _____
Last First Middle

Date of Birth: _____ Age as of 9/1/2022 : _____

Student Address _____ Number of years at Kino
(Do not include 2022-2023)

City, State, Zip _____

Home Phone _____ Cell Phone _____ Last School attended (if not Kino) _____

Hispanic Latino Not Hispanic or Latino

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Occupation: _____

Employer: _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Occupation: _____

Employer: _____

List any other persons living in the same household:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



This MUST be returned with registration form

Kino's mission is to provide a school where students are given both the responsibility and the freedom that lie at the heart of being a citizen in a democratic society: a school where learning, creativity, respect for others, and community thrive and where students of all abilities succeed.

Student(s): _____

Tuition revenue provides Kino School the all important cash flow needed to run the school on a daily basis. Your support in this effort will help us continue providing the quality education you so richly value for your child (children). You can help us by adopting one of the following two options to pay your 2022-23 child's tuition:

1.) Automatic withdraw from your Checking/Savings Account:

Bank name: _____

Routing number: _____ Account number: _____

Select one: Checking Account: _____ Savings Account: _____ Withdrawal Date: _____

Tuition payment: Amount: \$ _____ Frequency (Monthly/One time/etc): _____

After school/ Misc. payment(s): Amount: \$ _____ Amount/frequency varies: (initial) _____

2.) Debit or Credit Card 3.1% will be added to the payment amount to cover the processing fee):

Name as it appears on the card: _____ Billing zip code: _____

Card Number: _____ Exp: _____ CVC: _____

Tuition payment: Amount: \$ _____ **+3.1%** Frequency (Monthly/One time/etc): _____

After school/ Misc. payment(s): Amount: \$ _____ **+3.1%** Amount/frequency varies: (initial) _____

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kino School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Kino School may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$50 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

