

CROSSROADS CHRISTIAN SCHOOL

2009-10 K-12 FINANCIAL CONTRACT

I/We, the parent(s)/guardian(s) of _____ have
(please list all student's names)
read and understand the financial policies of Crossroads Christian Schools. I/we
agree to abide by said policies to maintain a place for my child(ren) in the CCS
program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ONLY ONE CONTRACT PER FAMILY IS NECESSARY