



Registration Fee Payment Slip School Year 2012-13

Parent(s) Name: _____

Registration Fee \$150.00 per student due upon acceptance:

Name of Student(s):

\$_____ Total For All Students

Questions please call 937-291-7212

Please make checks payable to: DCSS (Dayton Christian School System)

Please mail payment to: Dayton Christian School

Attn: Finance Office

9391 Washington Church Rd.

Miamisburg, OH 45342