

# National Christian Academy

6700 Bock Road, Fort Washington Maryland 20744  
 (301) 567-9507 (301) 567-7214 Fax  
 Tax I.D. #52-1287344



## 2017 - 2018 Daycare/Tuition Agreement

Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Family ID#: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Social Security#: \_\_\_\_\_  
 DL#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Student Start Date: \_\_\_\_\_

ENROLLMENT Fee is 100% Non-refundable

Students Name	Grade Entering	Daycare/Tuition	Beforecare	Aftercare	Total Fees
1.					
2.					
3.					

Qualified National Church of God Tithers Discount 10% **(MUST BE APPROVED)**



	Annual Rate	1 Payment Plan 10% Savings	2 Payment Plan 5% Savings	Each Payment	10 Month Plan Each Monthly Payment
<b>K5 Thru 6th</b>					
1st Child	\$7,888	\$7,099	\$7,494	\$3,747	\$789
2nd Child	\$7,099	\$6,389	\$6,744	\$3,373	\$710
<b>7th Thru 12th</b>					
1st Child	\$8,977	\$8,079	\$8,528	\$4,264	\$898
2nd Child	\$8,079	\$7,271	\$7,675	\$3,838	\$808
<b>Daycare K3/K4</b>	Daycare rate includes Breakfast, Lunch, Snack, Before & Aftercare 9 month				
1st Child	\$7,114	\$6,403	\$6,758	\$3,379	\$790
2nd Child	\$6,403	\$5,762	\$6,082	\$3,041	\$711

### BEFORE & AFTERCARE

One Payment Plan: \$2,633.00  
 Two Payment Plan: \$1,389.00  
 Monthly Rate: \$325.00

### AFTERCARE

One Payment Plan (6:30): \$2228.00  
 Two Payment Plan (6:30): \$1176.00  
 Monthly Rate (6:30): \$275.00

### BEFORECARE

One Payment Plan: \$770.00  
 Two Payment Plan: \$406.00  
 Monthly Rate: \$95.00

**I AGREE TO PAY ALL LEGAL AND/OR COLLECTION FEES INCURRED IN THE COLLECTION OF DELINQUENT PAYMENTS.**

I've read the financial agreements and accept the terms.

I also understand that I will not be permitted to return my child to school if my balance is not paid in full by the 30th of the month. I the undersigned have read the financial agreement and agree to pay all obligations therein.

Signature of Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_ Accounting Staff: \_\_\_\_\_

For F/O Only	Amt. Pd: _____	CK#: _____	Credit Card: _____	Disc: _____
	Scholarship: _____	Dir. Debit Start Date _____		