

National Christian Academy

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



2018 -2019 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	1Payment Plan 10% Savings	2Payment Plan 5% Savings	Each Payment	10 Month Plan Each Monthly Payment
K5 Thru 6th					
1st Child	\$8,450	\$7,605	\$8,028	\$4,014	\$845
2nd Child	\$7,605	\$6,845	\$7,225	\$3,613	\$761
7th Thru 12th					
1st Child	\$9,576	\$8,618	\$9,097	\$4,549	\$958
2nd Child	\$8,618	\$7,757	\$8,187	\$4,094	\$862
Daycare K3/K4	Daycare rate includes Breakfast, Lunch, Snack, Before & Aftercare 9 month				
1st Child	\$7,587	\$6,828	\$7,208	\$3,604	\$843
2nd Child	\$6,828	\$6,145	\$6,487	\$3,243	\$759

BEFORE & AFTERCARE

One Payment Plan: \$2,714.00
 Two Payment Plan: \$1431.00
 Monthly Rate: \$335.00

AFTERCARE

One Payment Plan (6:30): \$2295.00
 Two Payment Plan (6:30): \$1211.00
 Monthly Rate (6:30): \$283.00

BEFORECARE

One Payment Plan: \$793.00
 Two Payment Plan: \$418.00
 Monthly Rate: \$98.00

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		